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COMMEMORATIVE ADDRESS.

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Delivered January 3, 1887.

WE are met this evening to commemorate the hundredth birthday of the oldest medical society in America which is not a State organization. New Jersey and Massachusetts have State Societies of older date, which of necessity met rarely, and were chiefly meant to give unity, force, and discipline to a profession, the members of which were widely scattered over a thinly peopled country.

One hundred years ago the grave and kindly man whose portrait hangs above me at our meetings, met the Fellows of this ancient College as their first President.

In words which quaintly represent to-day my own feelings, John Redman expressed his sense of the honor then conferred upon him and of the responsibility created by such an audience; "for," said he, "when I look around me, I see so many gentlemen of character for learning, ingenuity, and integrity in the profession and practice of physick, and some whose talents have early called them forth into public notice, and offices of dignity in the medical line, and who have conducted therein for many years so much to their own reputation, and to the advancement and satisfaction of their pupils and of their fellow-citizens."

To understand the men over whom he presided, to comprehend the inheritance of examples they left us, to realize above all how peculiar have been the relations of the physician to the social and political existence of Philadelphia, it is necessary to look back through the century which preceded the foundation of this College.

The history of any profession in connection with the progress and growth of a new country is of the utmost interest, and of no profession is this more true than of ours. The bar, the army, the navy, and, in other lands, the church, have distinct natural relations to the government, but the physician has none, and in mon-

archical countries this fact has served to create for him annoying social limitations which are but too slowly fading as communities grow into intelligent disregard of feudal traditions. His position in any community is a fair test of its good sense. But in new lands, peopled by the self-selection of the fittest, by those who have the courage of enterprise, and the mental and moral outfit to win for it success, the physician is sure to take and keep the highest place, and to find open to him more easily than to others wealth, social place, and, if he desire it, the higher service of the State. Nowhere was this more true than in this city. In New England the clergy were for a long time dominant. In New York then, as now, commercial success was the surest road to social position. South of it was the landholder, who ruled with undisputed sway. But in this city—I may say in this State—from the first settlement until to-day the physician has held an almost unquestioned and somewhat curious preëminence. He is and always has been relatively a more broadly important personage here than elsewhere.

If this be not as clear to you as it is to me, let me remind you that in every legislature of this Commonwealth you will find a dozen members of our profession who have for a time taken up the duties of law-givers, intending to return again to their practice. I observe on the list of our Fellows to-day many men—and they are of our best—who have been or who are directors of insurance companies or saving funds, or even of banks, a thing almost unheard of in cities where the lower civilization of commerce is dominant. You will find them, also, in unusual numbers on our collegiate boards. Our great charities are never without some of them in their councils; and the Philadelphia Library is obliged, under the will of James Rush, to have in its direction three physicians. In our hospital boards, and still more largely in our learned societies, they are equally well represented.

Says a learned historian, writing of the Philadelphia of 1828, "Nothing struck me so much as the social force and influence of the physicians. I was familiar with other cities, and nowhere else did they seem to me to be so distinctly the leaders of social life."

The exceptional position which we occupy here is in a large measure due to the good fortune which, early in our history, directed to these shores a remarkable group of physicians, the friends and co-religionists of Penn.

As I am chiefly addressing Pennsylvanians, I shall not venture to say much of men whose names are still familiar. I desire, however, to show what breadth of liberty they had to do things which nowadays would scarcely be regarded as within the legitimate career of the largest-minded physician. Edward Jones, surgeon, came over in 1682. His father-in-law, Thomas Wynne, set sail in the "Welcome," with his friend William Penn, in that same August. These were both physicians of gentle breeding and of the best education

their day could offer. Thomas Wynne was an active practitioner of physic, and yet found time to become President of the first Assembly which met in the province, and in which sat also his son-in-law, Jones. Both of these men lived to hold many offices of political trust and honor in their adopted country.

Next in our medical genealogy comes Thomas Lloyd. There is, what was called in Friend's phraseology, a testimony concerning him which, heard pleasantly across the turmoil of nearly two centuries, tells how that "he had a great practice, . . . and generally good success, whereby it was often his lot to be amongst many of account in the world. . . . Yet being a man of tender spirit, he was conscientiously careful over his patients whether poor or rich."

In the new land he sought for conscience' sake he was still for a while a physician. How, think you, did he find time to act as Deputy-Governor under Penn, President of Council, Keeper of the Great Seal of the Commonwealth? Apparently the good and great William Penn took care of his physician, for we hear that his friend Dr. Griffith Owen held the posts of Member of Assembly, Deputy-Master of the Rolls, and Commissioner of Property.

The early part of the next century was as fortunate. Lloyd Zachary, the grandson of that accomplished physician and trusted ruler Lloyd, was the first physician elected to the Pennsylvania Hospital, and was what we would call Port Physician in 1725. He shared this duty with Thomas Græme, a Scotch physician, who arrived with Governor Keith in 1715. Besides being thrown into large practice by the death of Griffith Owen, this gentleman was at various times Naval Officer, a Councillor, Master-in-Chancery, and at last Chief Justice of the Supreme Court, for which we may note that he received £50 a year. He was the first president and the founder of the now ancient and still useful St. Andrew's Society for giving aid to destitute Scotchmen, assisted to create the Philosophical Society, was with Zachary, the two Bonds, Moore, Cadwalader, and Redman, of the first staff of the Pennsylvania Hospital, and died in 1772, Collector of the Port. On his tombstone in Christ Churchyard, it is said of him, and it would seem with justice, that

"The soul that lived within this crumbling dust,
In every act was eminently just;
Peaceful through life, as peaceful, too, in death,
Without one pang he rendered back his breath."

The men I have here so briefly described were, with the exception of the last, of the Society of Friends—Græme was of the Church of England. The great struggle between the Presbyterian settlers of the interior of the State and the followers of Penn was now in full tide. Already other sects than those of Penn began to be prominent, and henceforward we find physicians of eminence who were not of the creed of Fox, but neither in the seventeenth nor the eighteenth century do we observe in Pennsylvania what was very common in early New England and New Jersey—men doubly occupied as physicians and clergymen.

I should have found it difficult to say less as regards the notable personages who came and went on the scene of our Colonial history, and who brought to their medical work the tastes, manners, and education of

gentlemen, and to its completeness, high-minded sense of duty. It was needful that I spoke of them in order to show how perfect has been the good fortune which, from the day when the "Welcome" brought us Thomas Wynne up to the present hour, has failed not to give us like men, gifted with like intellectual qualities, holding the same lofty traditions of honor and industry, ready to take up our unending task whenever an older and wearied generation laid it down.

The century was in its last third. A new group of physicians, nearly all young or in early middle age, and trained in an eventful war, had come upon the stage. The city contained about 45,000 people. It was the seat of Government and of the largest social life the land afforded. Still predominant in commerce, it was also active in education and science. The College of Philadelphia had been for a time suppressed, the University had been medically organized, the Federal constitution was in debate, and Washington, a man of fifty-six years, was resident in Philadelphia. Fitch was constructing his first steamboat.

It would seem that the College was organized some time in 1786, but as to this we have no record other than that just mentioned. The first meeting of which we have a minute took place on January 2, 1787, and to this date we have always referred as our natal day.

On that 2d of January, 1787, in the evening, in a little house used by the University, and known as Surgeons' Hall, on Fifth Street south of Library, assembled a portion of the notable group of men who then constituted this College. By the dim light of candles, for which I have found the modest bill, clad after the fashion of the day, some in Quaker dress and some in knee breeches, silk stockings, and low shoes with buckles, most of them carrying, I fancy, the gold-headed cane and the meditative snuff-box, some with queues or powdered wigs, a fading fashion, were John Jones, William Shippen, Jr., Adam Kuhn, Benjamin Rush, Thomas Parke, Gerardus Clarkson, Samuel Duffield, James Hutchinson, William W. Smith, Andrew Ross, William Clarkson, James Hall, William Currie.

The full roll of Fellows and junior Fellows in January, 1787, adds the names of John Rodman, John Morgan, George Glentworth, Abraham Chovet, Benjamin Say, Samuel Powel Griffiths, Benjamin Duffield, John Morris, John Carson, John Foulke, Robert Harris.

Before our charter was obtained in 1789, there were added Nathan Dorsey, John R. B. Rodgers, Caspar Wistar, Jr., James Cuninghame, Charles Moore, Michael Leib, John H. Gibbons.

They were in all twenty-four when they met in January, 1787, and thirty-one when they were incorporated in 1789. Only three of their names are to-day represented on our present list; but many more are familiar to your ears, and if we include the men I have previously mentioned, you will find that a large share of the best known families of our city trace their lineage from one or other of this memorable group. It would, in fact, be easy to give you a long catalogue of families distinguished in our national and local history, or in our social life, who inherit the blood of one or more of the physicians I have named or have yet to name; but as some of those here present may have the misfortune not to be able to claim the honor of medical ancestry I generously refrain.

The portraits of many of these notable personages ornament our halls, and tell in their ruddy complexions of men who lived much out of doors, and often in the saddle, and illustrate the changes which time is making in the physical conditions of our race. Here are descendants of the settlers who, armed only with the courage of good intention, came to the wilderness with Penn, or followed soon after. Welsh or English, nearly all of them, but two represent the German element; only four have middle names—as to which a curious change is seen in the later years.

The older men generally sign first. The President was sixty-five; Jones, fifty-eight; Morgan, Shippen, and Kuhn, each fifty-one.

These were physicians who assisted at the troublous birth of a great nation. I fancy that I can see in their resolute faces the lines left by the sorrows and trials of those eventful years when they rode with the great Virginian, and shared with him the hardships of doubtful campaigns and the triumphs of Princeton and Yorktown. Among them were the friends and physicians of Washington, Franklin, Hamilton, Jefferson, and Adams. They held to their medical opinions, as we shall see, with the same absolute belief that controlled their political actions, and were nearly as ready to fight for the one as for the other. As to their medical ancestry, the best of them had been educated at Edinburgh, which school is the parent of our University. Genealogically, we might speak of our College and of the University as children of Edinburgh, and grandchildren of Leyden.

[Here followed terse sketches in words of the founders; of Rush, Dr. Mitchell said:]

With reverent doubt of my powers to do justice to the greatest physician this country has produced, I approach the task of briefly recalling to your memories the vivid and emphatic personality of Benjamin Rush. His life invites a less hasty biographer, and is full of such seeming contradictions as can only be explained by the belief that the earnest, decisive, and mutinous nature of a man, proud, rather than conceited, got the better of the principles by which he honestly strove to guide his conduct. That he won at last in this contest, was shown by the grief with which a nation mourned his death, when the poor in crowds besought a sight of his face, or, at least, to touch his coffin. Look at his portrait by Sully in our hall. It has the scholar's hands, the largely modelled head, the contemplative blue eyes of the observer, the nose and chin strong, firmness in the mouth, and a trace of too critical tendencies in the droop of the lines of the lips, withal a general expression of tranquil benevolence, a face like the man's life and character, full of dissimilars, with a grand total of good.

How shall I briefly bring before you the career of this restless being? Relentless energy drove him through a life in which ardent sense of duty, large-minded philanthropy, love of country, devotion to his art and its science, immense belief in himself, were the motives to industry, which made note-books the companions of his student youth, and which failed not until the pen fell from a hand enfeebled by the close approach of death.

He was a statesman, a scholar, an army surgeon, a punctual and careful physician, an actively religious man, a far-seeing and courageous philanthropist, and a

sanitarian far in advance of his day. These are what I might call four careers, in all of which he excelled unaided by secretaries or modern means of condensing and relegating labor: one such suffices most men. He was a member of every important political assembly which met in this State while he lived. When timid men fell out of the Continental Congress, he was elected to that body, that he might sign the Declaration of Independence, and was the only physician whose name is on that energetic arraignment of the Crown. I have neither time nor desire to speak of his relations to Washington. He criticised him with his usual courage and with a severity in which at that time he was not alone, and, although later in life he somewhat relented, he never quite forgot the bitterness which arose out of his too famous letter, and to the end of his days looked upon the great leader as one not above the judgment of his fellows. As regards the patriotism of Rush there can be no doubt. It approached the earnestness of religion, and its very intensity made him unhappy and critical when others seemed to him to be showing that want of energy which in the first years of the war he thought was seen in the Fabian policy of Washington.

Rush was Surgeon-General to the Middle Department, and later Surgeon-General, and served faithfully in the New Jersey campaign and in the dreary camp at Valley Forge. He resigned in 1778, after his difficulty with his chief, and declined pay for his services.

As a broad-minded philanthropist, I view him with wonder. The higher education of women he urged as a special need of a Republic, and as boldly wrote of public punishments and against the penalty of death. With like courage he denounced slavery, or turned to demand legislation against the abuse of alcohol, or to implore care in the use of this agent in disease, and, although a scholarly man, eloquently represented the waste of time in the too general study by the young of the classical tongues.

On his medical career I cannot linger. His views as to bleeding were extreme. They were greatly modified in his later years, but have been misrepresented by the enmity his positive nature excited, and can be fitly judged, not by his occasional vigor of statement, but also by the many tempering remarks to be found in his works. His ideas on the contagion of yellow fever and its domestic origin excited the hostility of commerce, and embittered his existence; but, although as to the former he changed his beliefs later in life, as to the latter he seems never to have faltered.

I presume that he held his opinions tenaciously, and was so conscious of his own general superiority to those about him, that he found it hard to weigh their reasons justly. He says, "I early discovered that it was impossible for me, by any reasonings, to change the practice of some of my brethren." Then he adds, "humanity was therefore on the side of leaving them to themselves, because what is done in these consultations is the ineffectual result of neutralized opinions; for the extremity of *wrong* in medicine, as in morals and government, is often a less mischief than that mixture of *right* and *wrong* which serves, by palliating, to perpetuate evil." How interesting is this irritable confession, which tells so much more of the man than he meant to put into it. Let me add, as a thoughtful physician, that no one can read what he wrote—and I have

read most of it—without a strong sense of his sagacious and intelligent originality, and admiration of his clear and often fervid style. His work on insanity is a masterpiece. A recent English writer calls his book on "the bilious remitting yellow fever" a wonder, and says of that remarkable description of his sensations during the height of the epidemic, "it is as if he were talking to you, a ghostly whispering through a veil of nine-tenths of a century." He has been called the American Sydenham. He was not as I see it, so great a physician, but taking his whole career—and both were earnest republicans—Rush was the larger personage, and surely, next to Franklin, the greatest citizen of Pennsylvania.

His bitterest foes are best remembered because of the man they reviled. Even before death came to heal all wounds, he stood where few have stood in the estimate of men. He could not but feel this tribute. It gentled the positive and ardent nature, once ready to cross swords with all who dared to differ. He says "I was once an aristocrat, then a democrat, now I am a Christocrat." Certain of his words should have been placed on his tombstone. With them we may leave him to his repose, near the yet greater Franklin. "Posterity," he says, "is to the physician, what the day of judgment is to the Christian."

Caspar Wistar, Jr., is a familiar name. Like Rush, there is much of the man's life on record in the portrait by Otis, as the least observant may see. The face is strong and intellectual, the mouth large and full of good humor and mirth, the chin positive, a face thoughtful above, and below alive with promise of genial companionship. He could have been but sixteen when we hear of him as active in helping the wounded after the indecisive fight at Germantown.

He followed Rush as President of the Anti-Slavery Society, and Jefferson as President of the Philosophical. If a man's friends be in some sense a description of the man, among his were Humboldt, Michaux, Sæmmering and Camper, Cullen, Hope, Jefferson, Warren, and Correa, the cynical and amusing Portuguese minister. You can see from these names, that science occupied him, and especially anatomy, that the practical aspects of his profession were not forgotten, and that he was at home among those whose talk left to their surviving contemporaries vivid memories of an unusual social era. He is known still to most of us as the founder of the Wistar Parties, which owed much of the later social vitality to the hospitable houses of the leaders of our profession. When I was a young man and Wistar was long since in his grave, we were still familiar with the worn card of invitation which carried his vigorous profile with its formal queue from simpler days to those of champagne and terrapins, and until the fierce quarrels of the great war broke up this gay and joyous company. It was wickedly said that the doctors profited by those noble suppers. Even in their luxurious decadence they were delightful. Men who came to eat remained to chat. They left to me at least a gallery of pleasant portraits of some whose living talk would have made that good founder happy. Hear how Thackeray mourns a dead friend. "There will be," he says, "no more Whister parties for him. Will Whister himself, hospitable, pig-tailed shade, welcome him to Hades? and will they sit down—no, stand up, to a ghostly supper, de-

vouring the *ιφθιμους ψυχας* (the mighty souls) of oysters and all sorts of birds?" (*Haud immemor.*, p. 8. William B. Reed, 1864, Phila.)

I have dwelt on this aspect of a full and wholesome, learned and useful life, because it well illustrates the social prominence of the Philadelphia physician. We may leave him with the words in which another described him: "Decorous, suave, honorable, and courteous, he forgot nothing except injuries."

The history of an old and learned institution is that of its members and of its relation to public affairs. No man can hope in the scope of an address to set before you the shining roll of the men who have illustrated our story with duty done simply and in private, of patient, charitable lives, of those larger existences which left their mark, also, on the science of their day, and to this memorable hour have sustained in noble succession the prominence of this city in all that lifts our art and its sister sciences above the common levels of applied usefulness. The task were hopeless and belongs to the historian rather than to the orator.

But our relation to the public cannot be thus readily disposed of. The acts of single men help to give us collective power to interfere in public matters, and here this College has been up to this day potently active. To it came early for advice in all affairs of health and quarantine the city, State, and general government; and the minutes amply record that it has labored conscientiously to aid the commonwealth and the city as to sale and importation of pure drugs, as to parks, water supply, education, drainage, and the many other problems which call for advice and direction from experts.

To the physician epidemics are his battlefields. His daily life is hard enough, and, unlike the soldier, he lives amidst constant perils, of which habit has made him negligently forgetful. He is assisted to be unthoughtful as to risks by the fact that the community thinks little of those which are not, like the soldier's, occasional, or which it does not largely share. You must have lost sense of heroism if you do not feel some thrill of pride when you look back with me over those sad years in which the Fellows of this College, amidst the contagion of terror, faced the storms of death which from 1793 to 1804 swept over this city and forever ruined its mere commercial supremacy.

Let us see how well this College met it. Several of its Fellows could recall the epidemic of 1762—the Barbadoes Plague—the dreaded yellow fever. Rush, a student, made notes of it in his constant way, and Redman, an older man, described it with accurate skill. A few hundred died, and for thirty-one years the great town flourished undisturbed. For two years the College had at times been urgent as to quarantine, but selfish, short-sighted commerce had been more potent. On the 25th of August, 1793, a special meeting of the Fellows was called "to consider their duty because of the fever of alarming nature." Rush, Hutchinson, Say, and Wistar were to report on the 26th. Nothing, on the whole, could have been better than the calm, good sense of the letter of public advice which the College, at the instance of their committee, addressed to the mayor, Mathew Clarkson, and to the people at large. At this meeting, the President describes the fever of 1762. Tilton, our associate, advises tents as hospitals, and the College decides to meet every Monday. How simple

it all sounds, the quiet councils, the talk as to treatment. The Fellows assemble on the 3d, 6th, 10th, and 17th of September, and consider Alexander Hamilton's letter of inquiry as to the fever and answer Warren, of Boston. Meanwhile the plague is on the people, and the College meets no more until November.

To speak of this awful summer, is to speak of a population degraded by the very insanity of fear. The rich fled first, and at last almost all who could go. In round numbers, Philadelphia had 6000 houses and 49,000 souls. Some 3000 houses were closed. 12,000 persons fled to the country—Carey says 17,000. Of those left behind, 11,000 took the fever, and one-third of these died. Before this appalling death-rate all but a rare few gave way. In deserted streets, between rows of closed houses, where commerce had ceased, men walked down the middle of the causeways, and declined to shake hands with friends, or turned aside from any who wore the badge of mourning. Thousands of both sexes smoked tobacco to avoid disease, or carried vinegar or camphor or bits of tarred rope for protection, while bonfires at night and firing of muskets to disperse contagion, ceased only when the mayor forbade them. The churches were shut; most of the weekly papers ceased to appear. For the laborer there was no work. Starvation drove him to crime, and thieves lived riotously in deserted houses. At last family ties were broken, men fled from their dearest, whole families deserted the bed where the father lay dying, nurses were hardly to be had, and still the sombre death-cart went its nightly round with its negro driver, and in answer to the dreary cry, "Fetch out your dead," corpses were lowered from open windows on to the cart, backed up on to the sidewalk, or were carried out in haste to be put across the shaft of what was called a chair, and hurried away for swiftest burial. So lower and lower men sunk, as the plague increased, until at times the dead lay unburied, corpses were found in the streets, and the climax of misery, neglect, and profligate riot was reached at Bush Hill Hospital for the poor. Amidst this horror of disease, of selfishness, of crime, there were men who grew morally stronger through that which enfeebled the mass. The most of the physicians of the blighted town went about their duties untouched by panic—undisturbed by fear. In our own ranks were none who failed. Their names are to be read on every record of those dreary hours. Theirs was what Ruskin speaks of as "that constitutional serenity in danger, which, with the wise, whether soldier or physician, is the basis of the most fortunate action and swiftest decision of deliberate skill." (Proterita, p. 379.) How they differed as to treatment, and how doggedly they held their beliefs concerns us little. That they did their full duty as honest gentlemen concerns us much.

Hutchinson died, and Morris and many others not in our fellowship. None altogether escaped untouched by the plague, which swept away ten physicians in a month. Says Rush, "at one time but three physicians were able to do duty outside of their own houses. From this cruel summer until 1806, no year left us free from the fever, but the worst of it fell upon us in 1798." Again the College had in vain sounded repeated warnings to the city, the State, and the General Government. Again there is that eloquent blank in our minutes from August to November. It was more terrible than '93. Some forty

thousand fled, and of those who stayed, about four thousand died, nearly half of those attacked, and again the scenes of '93 were repeated, and again, as in '93 and '97, our ranks were thinned, and only more did not die because nearly all were protected by previous disease.

There were physicians who fled from this more deadly horror, but in the thick of it I find the names of our Fellows. Griffiths's daily record, meant only for his own use, is before me as I write. He says: "My patients are mostly among the poor. While I went to the country to see my sick child, half a day, upward of fifty knocks at my door. Yet through all this I am favored with calmness. My lot seems cast among misery and death. A day of trouble. Buried a beloved servant. Much unwell to-day. Too much to visit. Thus they suffer from unavoidable neglect. I feel indeed alone."

We lost Hugh Hodge and Annan later of the same disease, and through all of these sad years we find always ready, always dutiful, the best of the men whose lives I have sketched. Scarce one escaped the wounds of disease, and at least six died; but none failed us. Surely this is a record to look back upon with that pride which nourisheth good example. We may grieve for suffering, and regret careers cut short, and yet desire to preserve their remembrance;

Nor could humanity resign
Each hour which bade her heart beat high,
And blazoned duty's stainless shield,
And set a star in honor's sky."

Meanwhile the battle as to contagion and importation, and bleeding, and emetics and calomel, raged with a fury of personalities for which it is difficult to account, but which the tenacity and irritability of Rush may, in a measure, explain. It caused Rush a bitter personal quarrel with Andrew Ross, and disputes between Rush and Kuhn as to the treatment of Hutchinson, and led to the resignation of Rush and the formation of the short-lived Academy of Medicine. These virulent intellectual duels ceased by degrees when the new dispute as to vaccination arose, and as most of our Fellows favored it, it seems hard to explain their action. In December, 1802, Lettsom sends the College from London vaccine virus, and shortly after is elected an Associate, while alas, Jenner, proposed by Plunket Glentworth, fails of election, a sad commentary on the too conservative tendencies which nowadays have somewhat ceased to trouble us. But a little while and the world of opinion was with Jenner. Three or four years later no man would have dared to blackball one of the immortals. The moral is not far to seek, and time has not quite worn it too threadbare for use. In all our history we have little to feel ashamed of, and this reproach comes swiftly after, nay, among the deeds which showed of what heroic stuff were the men whose portraits hang around our hall.

Our early years produced a few notable essays, but the great and active intellect of Rush was lost to us and his influence kept out of our fellowship Physick and Mease and some others of note. As I look forward over our minutes up to 1820 the papers are fewer. In some years there is not one. Often there is no quorum. Currie writes and tells us in a wandering and irritable letter, that we are inert and useless, which is hardly true, for still in all public affairs the College is active and attentive. Death, too, has been busy with the men who

had smiled in her face so often. Some twenty are gone—the surgeon-soldiers of 1776, the veterans of '93 and '98. New names appear, though slowly. Sixteen are added before 1807, and of these the yellow fever has taken four. In several years no election of a Fellow occurs, and none from 1807 to 1810. In 1811 we gain the first I personally remember, the honored and well-loved Hewson, sometime our president, then Chapman, of joyous and social fame, Neill, Parish, the Bartons, and Atlee at the beginning of his life of vigorous and originative usefulness. And now, in 1823, Currie, Parke, and Griffiths, alone, seem to be left of our institutors, but as to some others I can find no note. It is difficult to explain the intellectual inactivity of the College in these years. It was rather paresis than paralysis, inertness than want of power. But why did we survive at all? The Academy had perished, the Philadelphia Medical Lyceum had come and gone. The Philadelphia Medical Society, the Kappa Lambda, the Medical Association of Philadelphia had been organized and were soon to die out or had already disappeared.

We were saved, I fancy, by that which preserves the vitality of families—great traditions which nourish pride and the conservative power of property—careful treasurers had begun to hoard for us a little money, and our library, if as yet small, was valuable. Moreover, we were still, as always, the public advisors, and the position of advisor is one which flatters. Then came the fortunate accessions from 1824, and we win illustrative force as we get Hartshorne, Bond, Hodge, Meigs, La Roche, John K. Mitchell, Darrach, and notably Wood and Bache, familiar collocation of names, and almost as one in friendship and usefulness: Pennock and Gerhard, Hays, Pancoast, Mütter, Carson, Dunglison, Norris, McClellan. Catalogues of names are valueless, but these are winged with memories.

We met first on Fifth Street. In 1791 we carried ourselves and our modest library—one case of books—to the Philosophical Society rooms, whence we journeyed to the Mercantile Library building, then on Fifth Street, and in 1854 to the little house on Spruce, within the Hospital grounds. As I first climbed its well-known stairs in 1856, I remembered the picture by West, of Christ healing the sick, which in my childhood hung on the wall. The debates used to be sharp in those days. There was Wood in the chair, most courteous of men, gently formal, and of ever ready kindness to younger physicians; a peace-making presence when the too positive Condie was raging in debate, and Charles Meigs, with his poetic nature and talk of singular freshness, was spurred to sharp reply, and Hodge grew graver and yet more sedate, and Bache sat ready to drop with deliberate slowness of contradiction on the inaccurate. As I write, the visage of Gerhard returns to me with its grim humor. A man quick of speech and as quick to regret, an unbalanced nature, but a keen and subtle observer. There is stout George Fox and the slight, delicate figure of La Roche beside our great surgeon, Pancoast, sturdy, earnest, and original, a curious physical contrast to his colleague Mütter, small, exquisitely neat in person and courtly in manner.

You will forgive my gossip. I should like to believe that our juniors have reason to look up to us as we did to these men. A crown seemed as remote to me then as the chair which, by your grace, I now hold.

We owe our present home chiefly to the liberality of George B. Wood, to George Fox, and to the unceasing efforts of Isaac Hays, who, as chairman of our Building Committee, served the College with that high-minded sense of duty which he carried into every relation of life.

In 1856 our building fund, by careful nursing, had grown to \$16,000. Our first large accession, like much else that is good, came from Wood. A western quack had infringed the copyright of the Dispensatory, and the heavy damages awarded were generously given to our building fund. In the same year, by good fortune, Thomas Dent Mütter offered to give us his museum and to leave us an endowment of \$30,000, on condition that within five years we gave this collection a fire-proof shelter. Gift after gift from Dr. Wood followed—not less than \$10,000 in all—and in 1863 we moved to our present hall, to which we have but of late added the third story contemplated in the original plan.

The College museum at once grew into importance by the addition of Mütter's gift, and is now one of the most valuable and interesting collections in America.

The library, which owed its first gift and legacy of books to John Morgan, now numbers nearly 38,000 volumes and some 20,000 pamphlets, and is second in America only to that which the ample purse of government and the genius of the greatest of medical bibliographers, John S. Billings, have created in Washington.

Books are the best tools of our business, and a great library like ours insensibly educates by tempting men with the noblest of opportunities. It is like an unfailing friend to whom we go for counsel and helpful advice, and a catalogue is its ready memory of all that our greatest knew and taught. Look around that great collection in all tongues. It is a vast presentation of the thoughts, the beliefs, the victories, the defeats of that profession which has been, as compared to any other, the purest, the most single-minded, the most simply devoted to its moral creed, the world has seen through all its changeable ages. It has its peerage, its lords of thought, its sturdy, practical commons. Yet here is no set creed of dogmatic beliefs. We make and unmake our rulers, and time, which is more wise than Bacon, has a large vote in the matter; but while systems of medicine crumble, and doctrines have their little day, and men have been intellectually right or wrong, it is pleasant to remember that the lofty code of moral law our Greek fathers taught has kept through all these productive centuries an invigorating control over the lives these gathered volumes represent. Thus, for him who loves his art, a great medical library is full of lessons in the conduct of life. There, side by side, the feeblest and the strongest meet. What a record of the follies and caprices of learning, of devotion, of martyrdom, of simple usefulness, of ambitious failures! Here are stateliest tomes unread for ages. Here is some little volume which has changed the great currents of thought and brought hope and relief to a thousand bed-sides. In yonder corner is a modest book-case, which groups the bric-a-brac of the bibliographer; the mad jesters, the cranks, the queer anecdotists, the priceless incunabula, the medical poems.

I like to think of the book-loving men to whom we owe this collection. Morgan, the scholarly; Hays, editor for fifty-three years of the best medical journal

the world has seen; Moreton Stillé, too early dead, with his half-used store of varied learning; Wood, Betton, Mütter, Gross the great surgeon, Hodge the famous teacher of obstetrics; Lajus, that gentle and modest scholar who once said to me in his odd way, "I like the men who are like books, and that is why I like Samuel Lewis."

I have broken my rule for the first time, to name a living Fellow of the College, the constant benefactor of our library; but in proportion as a man is modest, self-forgetful, prone to avoid public recognition, one is tempted at a time like this to say what we think of him to whom we owe so much. Kindly friend, learned and liberal scholar, we are glad that you are here with us to know, once for all, how lovingly we thank you for the unstinted generosity of these many years.

In that last great war we most of us so well recall—in that vast struggle, whose authors we do well to forgive, but whose trials and lessons we do as well never to forget, this College was true to its traditions.

There are on our list to-day, at least one hundred and four men who served their country in the field, in hospitals, or at sea, in those years of sacrificial trial.

Whatever we may have thought or felt of that section of our race which faced us in fight, of this at least I find it a pleasure to feel sure, that wherever men were sick or wounded, our ancient guild did well its Christ-like duty. As to that record, North and South, there can be neither doubt nor difference.

I close with satisfied pride these annals of the past, and its dead. I see about me men whose books are in every tongue of Europe, whose works are known and honored among the learned of every land, men who wear by just decree of their fellows the unseen crowns of honorable estimate. I see, too, the young in work, the men who are to follow us. To them we shall soon consign this precious heritage, the record of a century of duty; an hundred years without one break in our meetings, save when pestilence thrust upon us a more imperative service. There is that in these years to make them proud of a fellowship which in war and in peace has left us examples of single-minded workers unknown to fame, of the charity without taint of selfishness, of heroic lives lost in battle with disease, of gentle scholars, of daring surgeons, whose very fingers seemed to think, of physicians rich with every professional grace. The pride of lineage is valueless which does not secure to the future vitality of usefulness, and I must have told my story ill if to every physician who hears me its illustrations have not the invigorating force of moral tonics.

I turn now from the present and face the silence of futurity. As earnestly as our first president, I pray with him that all those who sit around me, and all who are to come, do publicly and privately serve their generation.

Feeling, like him, the weight and dignity of my office, and to-day more than ever, I look onward thoughtfully to that next centennial time. Every heart that beats in this hall to-day will have ceased to pulsate. Another will stand in my place. Reviewing our works and lives, he will be able, I trust, to say as confidently of us as I have said of your fathers—these, too, belonged by right of dutiful lives and sincere work, to our great, undying brotherhood.

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ORIGINAL ARTICLES.

A PRELIMINARY NOTICE OF A CRYSTALLINE ACID IN URINE POSSESSING MORE POWERFUL REDUCING PROPERTIES THAN GLUCOSE.

BY JOHN MARSHALL, M.D.,
DEMONSTRATOR OF CHEMISTRY, UNIVERSITY OF PENNSYLVANIA.

IN the early part of last November, Prof. Frank Donaldson, Sr., of Baltimore, sent for examination, to Prof. Tyson, of this city, a urine which contained a substance having strong reducing properties much resembling those possessed by glucose. After Prof. Tyson had finished his examination, he gave the remainder of the urine to Prof. Wormley, for further investigation. From Prof. Wormley it came to me. From the results obtained by the three independent observers it was concluded that the reducing substance was certainly not glucose. This conclusion was at once communicated to Prof. Donaldson by Prof. Tyson, and at the same time Prof. Tyson requested that a larger quantity of urine be sent to me for further examination. This larger quantity was kindly sent by Prof. Donaldson, and arrived at the University on November 17th, and the examination was immediately continued. A few days afterward (November 21) crystals of the lead salt of the acid were obtained. Prof. Donaldson was at once informed of this result, and at the same time a few crystals of the salt were sent to him.

From Prof. Donaldson it was learned that the urine in question was voided by a man thirty-seven years of age, of florid complexion, and of average height and weight. His general health and nutrition have always been good. He has never had any muscular weakness or inordinate thirst, no emaciation, but instead a continued increase in weight, no excessive quantity of the secretions. He has always been temperate as to alcoholic stimulants. Since his seventeenth year he has been engaged in the lumber business, and at present is superintendent of a planing-mill, which position requires his visiting the mill two or three times daily.

The case is peculiarly interesting, because of the man's having repeatedly, during the past two and a half years, applied to the various life insurance companies represented in Baltimore for insurance, but each time suffering rejection because of the response of his urine to certain reagents used in testing for glucose, a response which naturally was considered to be due to glucose.

Upon the ingestion of certain substances, other substances appear in the urine, which have a reducing action upon alkaline copper solutions. When camphor is ingested, camphoglycuronic acid, $C_{16}H_{24}O_8$, appears in the urine. This breaks up into glycuronic acid, $C_6H_{10}O_7$, which has a strong reducing action. Chloroform in the urine also reduces alkaline copper solution. Chloral is converted into urochloralic acid, $C_8H_{13}Cl_3O_7$. Turpentine into terpenoglycuronic acid. Morphia forms a reducing substance. Phenol (carbolic acid) and benzol form hydrochinon, $C_6H_4(OH)_2$. Phenol and benzol are also converted into oxyphenic acid (pyro-catechue

acid), $C_6H_4(OH)_2$, which latter probably is identical with the substance described by Boedeker as alkapton. Tannic acid is excreted as gallic acid. All these products possess the property of reducing alkaline copper solution. Hydrochinon and oxyphenic acid in the presence of an alkali, and when exposed to the air absorb oxygen, and turn first green, then brown, and, finally, black.

It was learned that the person who voided the urine under examination never had occasion to use any of the above-named substances; and, therefore, one would hardly expect to find the products of their metamorphosis in the urine. It must not be forgotten, however, that oxyphenic acid has several times been found in normal urine.

The peculiar acid in question is contained in rather large quantity in this particular urine, nearly one gramme of the lead salt having been obtained from 100 c. c. of the urine. Its reducing power is greater than that of glucose; 0.6 c. c. of the undiluted urine was sufficient to reduce the cupric oxide in 10 c. c. of Fehling's solution, equivalent to 0.05 of glucose, or, expressed in glucose units, equivalent to 8.3 per cent. of glucose.

Some of the reactions of this urine, when considerably diluted with water or with normal urine, strikingly resemble reactions often noticed in this laboratory in urine considered and acknowledged to be free from glucose, especially in the reaction with diluted Fehling's solution. With the urine containing the acid, diluted either with water or with normal urine, and diluted Fehling's solution, a brownish and sometimes greenish coloration is produced, but no appreciable reduction of the cupric oxide is observed. A similar result has often been noticed in this laboratory when a presumably normal urine has been tested with Fehling's solution.

It is quite likely that this acid may occur more frequently in urine than is suspected, probably only in less quantity than contained in the urine just referred to, and to its presence possibly may be attributed the many peculiar and unsatisfactory reactions so often noticed when testing urine with Fehling's solution. Quite likely, too, in some samples of urine, the acid may be contained in sufficient quantity to produce a reduction with Fehling's solution in such a satisfactory manner as to be mistaken for glucose, and thus many erroneous diagnoses of diabetes mellitus may have occurred.

The urine from which the acid was obtained was of a brownish-red tint, perfectly clear and without sediment.

To isolate the acid the following method was employed:

The urine was treated with half its volume of plumbic tribasic acetate solution, and the resulting voluminous precipitate collected on a filter and washed several times with a mixture of equal parts of alcohol and water. The precipitate was then suspended in warm water and hydrogen sulphide passed through until all the lead was precipitated. After expelling the hydrogen sulphide from the filtrate by boiling, excess of plumbic carbonate was added, and the liquid was gently boiled several minutes, and then filtered while hot. The filtrate

was concentrated on the water bath and then kept in a cool place to allow crystallization to occur. The crystals of the lead salt which separated were washed by decantation with a mixture of equal parts of alcohol and water and recrystallized from hot water. Finally, when sufficiently pure they were dissolved in hot water and the lead precipitated by hydrogen sulphide, filtered, and the filtrate containing the free acid evaporated to dryness at about 70° C. The residue was extracted with ethyl ether, and the latter evaporated spontaneously. Several recrystallizations from ether, the final one from a mixture of ether and water, are necessary to obtain the acid in a fairly pure condition. The crystal mass was pressed between bibulous paper and again recrystallized from water.

The acid thus obtained crystallizes in opaque white tetragonal prisms, melts at 140° C., and sublimes in the same prismatic form, the crystals generally radiating from a centre. It is very soluble in water and in ethyl ether, soluble in absolute alcohol and also in ordinary alcohol, sparingly soluble in chloroform, insoluble in benzol, toluol, and in petroleum ether.

When its solution in ethyl ether is evaporated at a temperature of about 60° C., a slight claret-red tint is produced, which soon resolves into spots of purple. This purple substance (somewhat resembling murexide) attaches itself to the crystalline mass, producing a very beautiful appearance. The crystals, including the purple substance, dissolve in water, with a disappearance of the purple coloration. In the spontaneous evaporation of the aqueous solution of the acid no change of color is noticed.

The acid does not contain sulphur or nitrogen.

The acid is absorbed by animal charcoal. When the urine itself is passed through animal charcoal the filtrate becomes dark claret-red in color, and has lost its reducing property.

Sodium hydrate gives a brownish coloration, beginning at the surface of the liquid (due to absorption of oxygen). Oxyphenic acid gives an almost similar reaction, only that a green coloration is first produced, which is not the case with the other acid. The brownish coloration noticed when the diluted urine containing the acid is added to Fehling's solution, is partly due to the action of the alkali of the Fehling's solution upon the acid.

Picric acid causes no change. Upon the addition of sodium hydrate to the mixture of the acid and picric acid, a brownish coloration is produced, similar to that produced by sodium hydrate alone.

No reduction of the bismuth salt in Böttger's test occurs with the acid.

The acid responds to Trommer's test, as also to Fehling's test.

Argentic nitrate is reduced in the cold by the acid.

The fermentation test fails completely.

Its aqueous solution has no effect upon polarized light.

Upon the addition in turn of a dilute neutral solution of ferric chloride, ammonium hydrate, and acetic acid, the play of colors from green to violet, and then to green as with oxyphenic acid, does not

occur. It does not respond to the tests for hydro-chinon.

With a dilute neutral solution of ferric chloride a blue coloration is produced which very soon disappears. From this reaction the acid most likely is a phenol derivative. It forms lead, barium, and calcium salts.

The lead salt crystallizes in heavy needle-like prisms, melting at 209.5° C. It is soluble in hot water, insoluble in benzol, toluol, petroleum ether, absolute or ordinary alcohol, ethyl ether, and chloroform. It is decomposed when passed through animal charcoal, the acid remaining in the charcoal and the lead coming through with the filtrate as oxide.

On account of insufficiency of pure material—acid and lead salt—no ultimate analysis has thus far been made. In a short time I hope to have enough material for that purpose, and then a formula for the acid can be constructed, and more learned regarding its source in the human organism. However, two lead determinations in the lead salt have been made:

0.1466 gramme lead salt gave 0.0717 gramme $PbSO_4$, equivalent to 33.50 per cent. of lead.

0.1314 gramme lead salt gave 0.0649 gramme $PbSO_4$, equivalent to 33.66 per cent. of lead.

Mean percentage of the two determinations, 33.58 per cent. lead, indicating that the acid has probably a high molecular weight.

I would suggest for this substance, provisionally, the name glycosuric acid.

MEDICAL CHEMICAL LABORATORY, UNIVERSITY OF PENNSYLVANIA.

INFLUENCE OF THE RECENT EARTHQUAKES IN CHARLESTON UPON HEALTH.

By JOHN GUITÉRAS, M.D.,

PASSED ASSISTANT SURGEON U. S. MARINE-HOSPITAL SERVICE, PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE IN THE MEDICAL COLLEGE OF SOUTH CAROLINA, AND ONE OF THE PHYSICIANS TO THE CITY HOSPITAL, CHARLESTON.

It may be of interest to have the subject of the Charleston earthquakes presented from a different point of view than that taken by my respected friend and colleague, Professor Porcher, in THE MEDICAL NEWS OF DEC. 11, 1886.

It is doubtful whether the pathological manifestations produced by the great disturbance are worthy of any special investigation. But the electrical hypothesis advanced by Dr. Porcher should not be allowed to go without comment. The public press has been busy with innumerable theories concerning the causes of earthquakes. The electrical theory seems to have captivated the public fancy. Seismologists, however, have shown that electricity has nothing to do with earthquakes, either as cause or effect.

I have not found the slightest evidence of an electrical disturbance accompanying these earthquakes. I believe that the reports of electric physiological phenomena grew *pari passu* with the diminution of the intensity of the quakes, and with the development of electrical theories in the public press. These

reports appear to be biased by the excitement of the imagination, or by preconceived notions, and their value is much diminished by the unmistakable hysteroidal impress which they bear.

If any precise evidence is wanted of the absence of electrical phenomena, it is to be found in the behavior of all forms of magneto-electric apparatus during the earthquakes. Barring the mechanical disturbances, it will be found that no effect whatever was produced upon these instruments, nor was the magnetic needle in the least affected.

The pathological effects produced by the earthquakes may be grouped under three heads: the *mechanical*, the *nervous*, and the *infectious* or *epidemic*.

First. The *mechanical*. The gross injuries need not be detailed here. All honor to the surgeons who did so manfully their duty in those trying times. I shall mention under this head a severe form of conjunctivitis and keratitis which became very prevalent. My friend Dr. Charles W. Kollock ascribes it to traumatism produced by particles of lime and other débris. The inflammation was frequently accompanied with superficial and painful ulceration of the cornea. In my own case, and, in fact, in the majority of cases it was found necessary to assist the local treatment by the use of stimulants and tonics.

Second. The *nervous* effects. These are well described in the paper of Dr. Porcher. The majority of them were evidently hysteroidal. Of these, some were actually experienced, but others, more particularly the so-called premonitions, were but fabrications of the after-thought, or innocent self-deceptions. The functional disturbances that were not hysteroidal may be set down as symptomatic of shock, of fear, and of a form of vertigo akin to sea-sickness. With these belong the vomiting, the diarrhoea, and the frequent micturition. I have no doubt that the severe shock produced, in some cases, more profound and lasting organic changes in the nervous system. Amongst such, perhaps, may be placed two cases of multiple neuritis that developed within the two days following the great earthquake. One of them was accompanied with pulmonary embolism and gangrene of the lung.

Third. In regard to what I have called the *infectious* or *epidemic* effects of the earthquakes there must be considerable doubts. Certain it is that a mild fever prevailed during the months of September and October, and that it went by the name of the *earthquake fever*. It was characterized by catarrh of the air-passages, irregular pains, some fever, and occasionally gastro-intestinal disturbances and jaundice. Some suspicions of dengue were at first aroused, but they were soon dissipated. The disease was, in my opinion, influenza. Late in the fall of 1885 we had, in Charleston, an epidemic of this disease; this persisted through the winter. The pulmonary complications were quite severe. During the summer months the epidemic gradually subsided. The earthquake, by bringing together so many of the inhabitants from all classes and places, I suppose, gave a wider distribution to the disease. It now assumed a different form. We had the simple

catarrhal fever with occasional cases of the gastro-intestinal and the rheumatic varieties.

Of course, it is difficult to prove that these effects were not due to exposure. Two facts, however, militate against this view, namely: the frequent presence of symptoms that were not exclusively catarrhal, and the warm and dry weather that prevailed during the seismic period. I may add that the recrudescency of the catarrhal epidemic is culminating at present (December 16th) in an epidemic of pneumonia of low type.

I shall state, in conclusion, that the malarial fevers were unusually prevalent. The mortality statistics show an increase of the number of deaths from this cause over the previous year, during the autumn months. But I do not think that they indicate any unusual severity of the type of these fevers.

I have made an abstract from our weekly bill of mortality, for the months of September, October, and November of this year, for purposes of comparison with the previous year:

No. of deaths from	Fall of 1886.	Fall of 1885.
Apoplexy and cerebral congestions (adults)	20	18
Bronchitis (all ages)	8	7
Acute choleraic diseases (all ages), and dention		
.	38	22
Other acute gastro-intestinal and hepatic disorders		
.	44	43
Consumption and tuberculosis	7	77
Dysentery	7	0
Malarial fevers	37	17
Typhoid fever	10	7
Pneumonia	14	7
Rheumatism	2	3
Trismus nascentium	35	26
Exposure: earthquake	9	
Exposure and shock: earthquake	31	
Injuries received: earthquake	40	

It is to be remarked that many deaths due to special causes were placed under the general heading of shock and exposure, mainly with the purpose of inducing the people to leave their encampments and return to their homes.

AN ACCIDENT WITH THE "A.-C.-E." MIXTURE.¹

BY JOHN H. PACKARD, M.D.,

SURGEON TO THE PENNSYLVANIA HOSPITAL AND TO ST. JOSEPH'S HOSPITAL, PHILADELPHIA.

MR. W., æt. forty-four years, was operated on for strangulated hernia June 13, 1886, in a Southern city. Anæsthesia was induced, without any unpleasant symptom, by means of the "A.-C.-E." mixture (one part of alcohol, two of chloroform, and three of ether). A portion of omentum, being adherent, was left in the sac outside of the ring.

He came to Philadelphia in July, and placed himself under the care of Dr. B. Trautmann, who kindly asked me to see him, an abscess having formed close to the neck of the sac. On the 14th this was explored and drained, pure ether being administered by Dr. J. M. Fox.

Later, a detached mass of omentum was detected in the scrotum, and on the 4th of September he was anæsthetized for its removal. He earnestly re-

quested that we would let him take the "A.-C.-E." mixture, saying that it was much more agreeable to him than the ether alone. A pint of the mixture was put up by a druggist of high standing, and about 3ij were used. Dr. D. Longaker took charge of the administration, which was without mishap.

After this operation, the scrotum swelled considerably, and there was much pain, relieved to some extent by the removal of two or three of the sutures. The swelling, however, remained, and it became clear that it was due to the presence of a mass of blood-clot, which would be only very slowly absorbed. With a view to the removal of this, on the 28th of September Dr. Trautmann administered the mixture from the same bottle, using, as before, a towel folded into a cone. I had nearly finished the evacuation of the clot, which, of course, took but a short time, when I perceived that the patient's face and lips had become ghastly pale, and that he had stopped breathing; I sought for the pulse in his groin, but could not feel it. We instantly lowered his head and raised his feet, and made artificial respiration by Sylvester's method. Dr. Trautmann gave him two hypodermatic injections of brandy. Under this treatment restoration was gradually effected; the operation was finished, and a rapid recovery ensued.

Mr. W. is a man of short stature but vigorous frame, temperate and correct in his habits; his urine is free from sugar or albumen. He had had hypodermatic injections of morphia nightly for some time to allay his pain.

So far as my knowledge goes, only one instance has been recorded in which death is said to have resulted from the inhalation of the "A.-C.-E." mixture. This case occurred in the Pennsylvania Hospital, in the practice of Dr. Hewson.¹ Only a very brief and incomplete account is given of it. It is simply stated that the patient, a robust man aged thirty-five, died in convulsions, which came on before complete anæsthesia had been induced. Dr. Morton, who was present, informs me that the death took place on the operating-table.

Dr. J. C. Reeve, an acknowledged authority on anæsthetics, wrote² in 1882 that this case was the only one so far known. Mr. Lister, however, in 1883,³ says:

"The dread of the depressing effect of chloroform on the heart has led some surgeons to use it mixed with ether, together with some alcohol to produce complete blending of the two liquids. Deaths have, however, occurred under the use of such mixtures, and we have no evidence that they are really safer than undiluted chloroform carefully given."

A few references to published (or unpublished) cases in point would have added to the weight of this statement. Without asserting that such reports do not exist, I can only say that they have escaped my eye or my memory.

I do not overlook the fact that there may have been many cases in which, as in the one I have reported, a fatal result was happily averted, and it

¹ Amer. Journ. of the Med. Sciences, October, 1876, p. 415.

² Holmes's System of Surgery, Am. ed., vol. iii., note on p. 555.

³ Holmes's System, 3d English ed., vol. iii. p. 623.

¹ Read before the Philadelphia Academy of Surgery, November, 1886.

was never thought worth while to put them upon record. But this remark would apply equally to all other anæsthetics or anæsthetic mixtures.

If Hewson's case be regarded as a chloroform-death, it belongs in the small category of those which have been preceded by convulsions. My own case, on the contrary, was, in onset, symptoms, remedies effectual, and mode of recovery, similar to the great majority of those on record.

Reeve, indeed, says¹: "Ether, in the human subject may produce death as suddenly, as unexpectedly, and in the identical manner that chloroform does." But, with all respect for his authority, I must say that my own search for such cases among those recorded has been fruitless. In every instance there was either previous disease, or some pathological condition discovered after death, which, at least in great measure, accounted for the fatal result. Thus, in a case reported by Lowe,² at first sight very like a chloroform-death, both lungs were found studded with hard, cancerous nodules, the liver was adherent to the diaphragm, and the heart was fatty.

It will be remembered by every one that it was argued in regard to the combination of ether and chloroform, with or without the addition of alcohol, that the greater density of the chloroform, and the more rapid evaporation of the other ingredients, would bring about a change in their relative proportions, so that the patient would come to inhale chloroform almost or quite by itself, or at least that the latter would be in dangerous predominance. In the present instance care was taken to shake the bottle before its contents were administered.

Several leading pharmaceutical chemists have assured me that there is no means of ascertaining the degree of combination or separation of the ingredients of the mixture. An experiment made by myself as to the inflammability of different layers of the liquid was without result.

Although during thirty-three years my experience with anæsthetics has been large, the case now detailed is the first one, if my memory is correct, in which I have myself employed the A.-C.-E. mixture, and it seems to me to afford proof that the dangers of chloroform are in no degree lessened, even by the thorough admixture of alcohol and ether. Until 1864 I used chloroform and ether indifferently; but in that year two accidents (one fatal) to patients under my care made me abandon chloroform almost wholly. I say almost wholly, because it may, under certain circumstances, be preferred, as when, for instance, in an operation on the face it is necessary to use the actual cautery, or to employ gas- or candle-light. It may also answer better for children requiring tracheotomy, as less likely than ether to induce congestion of the lungs. But, in my opinion, it is criminal carelessness to use this powerful and dangerous article without means at hand for combating its effects, if need be: brandy, ammonia, a hypodermatic syringe in good order, and a galvanic or electric battery.

My own conviction is that pure anhydrous sul-

phuric ether is the safest anæsthetic now available for general surgical purposes. Among the thousands of administrations of it at which I have been present not one death has occurred analogous to those so abundantly recorded from chloroform; nor have I ever seen threatening of such an event. I believe it to be entirely safe, except in cases of albuminuria, or perhaps in those of grave organic disease of the brain, heart, or lungs. In old or feeble persons congestion of the lungs may follow its use. The most unpleasant symptom I have seen caused by it was the epileptiform condition apt to be met with when the administration has been prolonged; but this easily yielded upon the withdrawal of the ether for a few moments, and it has never in my experience entailed any permanent ill effect.

Whatever anæsthetic be given, it is very desirable that the duty of its administration should be confided to an assistant, who should carefully watch its effects, paying no attention to anything else. Especial vigilance is called for in those cases in which the patient, as the saying is, "takes the ether badly."

Although the discussion as to the choice of anæsthetics, so actively carried on a few years ago, has subsided, the question was never definitively settled. It has not, however, lost its importance, and it can hardly be necessary to offer an apology for recording a clinical experience bearing upon one of its phases.

MEDICAL PROGRESS.

COLLECTIVE STUDY OF CENTENARIANS.—An analysis of the results of an inquiry issued by the Collective Investigation Committee of the British Medical Association has yielded the following interesting data:

Age.—Fifty-two returns; average age, about 102½.

Male or Female.—Fifty-two returns; M. 16, F. 36.

Single: Married: Widowed.—Fifty-two returns; S. 11 (of these 10 were females), M. 5, W. 36.

Affluent: Comfortable: Poor.—Fifty returns; A. 3, C. 28, P. 19.

Fat: Spare: Average.—Fifty returns; F. 9 (of these 8 were females), S. 23, A. 18.

Full-blooded: Pale: Average.—Forty-six returns; F. 8, P. 14, A. 24.

Strong: Feeble: Average.—Forty-eight returns; S. 20, F. 12, A. 16.

Figure: Erect or Bent.—Fifty returns; E. 25, B. 25.

Height.—*Males:* Twelve returns; average, about 5 ft. 8½ in.; one also returned as short. *Female:* Twenty-six returns; average about 5 ft. 3 in.

Weight.—*Males:* Seven returns; average nearly 138 lbs. *Females:* Ten returns; average about 129 lbs. *Respective Weights. Males:* 182, 165, 147, 140, 120, 112, 98 lbs. *Females:* 196, 154, 140, 136, 126, 126, 120, 112, 112, 70 lbs.

Voice.—Forty-seven returns; loud, 6; clear, 16; weak, 7; full, 3; loud and clear, 8; full and clear, 6; loud and full, 1.

Hearing.—Forty-nine returns; good, 22; indifferent, 17; bad, 9; deaf, 1.

Joints.—Forty-seven returns; natural, 37; stiff, 4; deformed, 3; stiff and deformed, 1; the last was stiff from chronic rheumatism, and deformed from contrac-

¹ Loc. cit., p. 551.

² British Medical Journal, November 17, 1877.

tion of palmar fascia; slightly deformed, 2; one of these was "from rheumatoid arthritis."

Sight.—Fifty-one returns; of these, 34 had good sight; 6 had cataracts, in one case unilateral, in another commencing; in 8 others, failure of eyesight was reported, apparently independent of presbyopia.

Glasses.—Thirty-five returns; 28 used glasses, 7 did not, but of these 4 were returned as "poor," and were possibly unable to read; 6 had used them for 40-50 years, 5 for 30-35 years, 4 for 10-20 years, 2 for 4-6 years, 5 for "many years," 2 for "few years." One had used spectacles for many years, but for the last twelve years had been able to read without them; another had not used them for twelve years; another "not for many years," but one "cannot now get them strong enough."

Digestion.—Forty-seven returns; good, 40; moderate, 7.

Appetite.—Forty-eight returns; good, 36; bad, 2; moderate, 10.

Eater.—Forty-six returns; moderate, 25; small, 9; large, 12.

Number of Meals Daily.—Forty-three returns; average number rather more than 3 daily; the greatest number was 5 daily (in 1 case); the least number was 2 daily (in 5 cases).

Alcohol.—Forty-six returns; none, 15; little, 24; moderate, 6; great deal of beer, 1.

Animal Food.—Forty-one returns; none, 3; moderate, 10; little, 25; very little, 2; much, 1.

Bowels.—Forty-three returns; daily, 26; alternately, 6; irregularly, 11.

Aperients.—Forty-one returns; rarely, 22; never, 14; frequently, 5.

Disposition.—Forty-six returns; placid, 14; irritable, 8; energetic, 11; placid and energetic, 8; irritable and energetic, 5.

Intellect.—Forty-six returns; average, 29; low, 5; high, 11; childish for six years, 1. One was said to be "slow in comprehending questions, but smart in reply."

Memory.—Recent Events: Thirty-nine returns; good, 26; bad, 6; moderate, 7. *Past Events:* Forty-seven returns; good, 39; bad, 4; moderate, 4. One "remembers and will quote a great deal of the Bible," another could "repeat about 100 Psalms correctly."

Habits.—Forty-eight returns; active, 26; sedentary, 15; bedridden, 7; of these, 4 were males and 3 females; one, a male, had been bedridden for 1 year, and one, a female, for 7 years.

Out-of-door Exercise.—Forty-five returns; bedridden, 7; none, 16; of these, one "can walk very well," another "stays in bed in cold weather;" little, 9; one of these "mended the thatch of her cottage at 96, and was always the first home from church, being a rapid walker;" moderate, 1, she "goes to church twice on Sundays;" eight walk out; of these, one "walked four miles yesterday," another "walks daily half a mile, can walk three miles," another is "fond of sawing firewood;" two still work, one of these "attended Hexham market, two years ago;" one "worked in field at 102;" one was "much out."

Smokes.—Forty-five returns; much, 7; four of these were women; little, 2; one was a woman; moderate, 3; one was a woman; none, 32; chews, 1.

Snuff.—Forty returns; none, 37; much, 1; this a woman, who also smoked a little; little, 2; one being a

woman, who did not smoke, the other a man who smoked a little.

Sleep.—Forty-four returns; good, 32; bad, 5; moderate, 7. *Number of Hours:* Twenty-nine returns; average, rather more than 8½ hours; 3 slept 12 hours; 8 slept 10 hours; 1 slept 4 hours; and 2 slept 6 hours.

Hour of Going to Bed.—Thirty-five returns; average, about 9 o'clock, one retired at 12 o'clock, one at 11, and 5 at 7 o'clock; 7 were bedridden.

Hour of Rising.—Thirty-five returns; average, about 8 o'clock; six rose at 6 o'clock, one at 5 o'clock, nine at 10 o'clock, one at 11 o'clock, and one at 4 P.M.

Chest-girth in Inspiration.—Male: Six returns; average, 36¼ inches. Female: Nine returns; average, nearly 31 inches. Male and female together, average about 33 inches.

Chest-girth in Expiration.—Male: Five returns; average, about 36½ inches. Female: Seven returns; average, nearly 30 inches. Male and female together, average about 32½ inches.

Elasticity of Rib-cartilages.—Male: Six returns; distinct, 1; indistinct, 5. Female: Thirteen returns; distinct, 5; indistinct, 8.

Pulse.—Twenty-nine returns; average, 74.75 per minute. In some cases, disease of the heart or lungs was returned, and in others the pulse-rate was unusually high, and the condition of the heart and lungs was not detailed; excluding these cases, eleven in number, the average becomes 69.70 per minute. *Regular, Irregular, Intermittent:* Twenty-eight returns; R., 24; Irr., 1; Int., 3. *Large, Small, Moderate:* Twenty-seven returns; L., 9; S., 17; M., 1. *Compressible, Incompressible:* Twenty-eight returns; C., 24; I., 4.

Arteries.—Male: Nine returns; even, 4; knotty, 2; tortuous and knotty, 1; tortuous, visible, and even, 2. Female: Twenty returns; even, 8; tortuous, visible, and knotty, 3; visible and tortuous, 2; tortuous, visible, and even, 1; visible and even, 2; tortuous and knotty, 1; tortuous, 2; tortuous and even, 1.

Arcus Senilis.—Male: Seven returns; much, 4; little, 1; absent, 2. Female: Nineteen returns; much, 5; little, 8; absent, 6.

Respiration.—Twenty-four returns; average, 24 per minute. Excluding those cases, eleven in number, in which heart or lung disease was returned, or in which the rate of respiration was high, and the condition of the heart and lungs was not mentioned, the average becomes 21-22 per minute. *Regular and Irregular:* Twenty-four returns; regular, 21; irregular, 3.

Teeth.—Forty-two returns; 24 had none, and in 13 the teeth were specified. Amongst the 37 cases there were 144 teeth: upper jaw, 63—incisors, 19; canines, 8; molars, 36; lower jaw, 81—incisors, 23; canines, 13; molars, 45. In five cases the number alone was given. Average (42 cases), 4-5 teeth. In one case they "all came out whole." Males: Fourteen returns; 6 had none; average, 4 teeth. Females: Twenty-eight returns; 18 had none; average, nearly 5 teeth. Three females had a complete set, and another had 17 teeth; one male had 24, and another 16 teeth.

Artificial Teeth.—Thirty-eight returns; none, 34; yes, 1 (female); many years, 2 (male and female); from 50-90, 1 (female).

Evidences of Failure.—Thirty-five returns; none, 18; failures in 17 cases. *Heart,* 2. In one, "sounds dis-

tinct, no murmur, very irregular, at one minute beating 60-70, and at another double as fast;" in the other, "circulation feeble, frequently sick and faint, as if she were going." *Heart and Lungs*, 3. In one "heart and lung-sounds weak;" in another, "pulse intermits 6 times in minute, impulse weak, slight bronchitis;" in another, "aortic regurgitation, slight bronchitis." *Heart and Urinary Organs*, 3. In one, "loud systolic bruit at base, no appreciable interference with circulation, micturition frequent;" in another, "heart-sounds tumultuous and irregular, micturition frequent;" in another, "heart's action slightly irregular, not discernible in pulse, frequent micturition." *Lungs*, 2. In one, "chronic bronchitis;" in the other, "cough for four months." *Brain*, 3. Senile dementia in two cases; in one, "childish for 6 years;" in the third case apoplexy, right hemiplegia, aphasia, and death shortly after. *Brain and Urinary*, 1. "Aphasia for 14 days, incontinence of urine." *Urinary*, 4. One had "some incontinence for 10 years;" in two others, micturition was slow; and in another, "incontinence."

Micturition.—*Male*: Ten returns; natural, 7; slow, 2; frequent, 1. *Female*: Twenty-three returns; natural, 18; frequent, 2; incontinence, 3; in one case for 10 years.

CHOLERA AMONG CHILDREN.—At a recent meeting of the Vienna College of Physicians EISENSCHITZ gave the following observations upon Asiatic cholera among children:

He agrees with the opinion of Goldbaum that cholera is a vasomotor paralysis, caused by the specific poison. Except in the case of nursing children, he does not believe that children have a less resistance than adults to infection.

The question of foetal infection from cholera the observer could not answer; his only post-mortem examination in such cases was negative. Monti believes that a nursing child may become infected through mother's milk; it is more probable that both mother and child are directly infected from the same source.

Artificially nourished children are much more exposed to infection than those who nurse. This is undoubtedly dependent upon the contamination of the foods taken.

The mortality was 55 per cent., which is not greater than among adults; of 7 nursing children all died.

Although prophylactic means were insufficient, no physician or nurse became ill.

Structural changes observed were essentially the same as in adults. The swelling of the solitary glands and of Peyer's patches was more widely extended than with adults. In the typhoid stage of cholera infarcts frequently occurred in the lungs. The glandular alterations were especially pronounced in fulminant cases.

Regarding the prognosis, cases which manifested the usual prodromal symptoms, resulted more favorably than those whose advent was sudden. The predominance of vomiting over diarrhoea was considered a favorable symptom. Temporary improvement the observer did not consider a ground for encouragement, as asphyxia and collapse frequently recurred.

In general, it can be said that the chances of the individual are in proportion to the average rate of mortality.

The duration of the illness was essentially the same with children as with adults.

The algid stage endured in favorable cases from six to thirty-six hours; in fatal cases from nine to fifteen hours.

In cases which recovered the typhoid stage endured six to ten days; with those who died from five to fifteen days. With children less than four years old the algid stage did not exceed twenty-four hours.

The condition, known as typhoid, was characterized by the usual symptoms of typhoid fever, with the addition of persistent vomiting, with dilatation of the stomach, and without singultus: the matter vomited was often acid.

Eisenschitz treated cholera sicca twice. In these cases the stools are often greenish-yellow, instead of rice-water, in appearance; white flecks appear with the stools, and in the intestines abundant rice-water matter is found. Dejections occur during the algid stage without straining, tenesmus is often present during the typhoid stage. Convulsions the observer considered caused by a condition of hydrocephalus, and not peculiar to cholera.

Post-mortem rise of temperature was often seen.

Regarding treatment, the well-known fact that children bear opium badly would prevent the use of a most valuable agent.

In the prodromal period opium is not indicated, and during the early paroxysms it did no good; in the treatment of vomiting hypodermatic injections of one-thirtieth and one-fifteenth of a grain of opium had proved very efficient.

Monti's use of creasote in vomiting and diarrhoea had been repeated with good results, all medication had proved most successful after the high temperature abated.

The careful ingestion of fluids is permitted; warm baths are grateful and very beneficial; the observer had not had good results in the use of stimulants in the early stages.

The treatment of the typhoid stage is tonic and restorative.—*Wiener medizinische Presse*, Dec. 12, 1886.

A SUMMARY OF A TABLE OF OÖPHORECTOMIES.—PROCHOWNICK has collected detailed reports of 22 cases of oöphorectomy, of which 12 operations were made for fibromata and 10 for neuroses.

Of the fibromata 4 diminished in size, 7 disappeared, 1 was extirpated. Among these patients hemorrhage, which had been an indication for the operation, was greatly diminished in 4, ceased in 6, and recurred in 1.

Recovery ensued in 11, in one of whom marked congestion continued for some time. One patient died after extirpation of the tumor from cerebral embolism. Of the 10 patients on whom oöphorectomy was done for neuroses, 3 were not improved, 4 were cured, 3 were improved.—*Archiv für Gynäkologie*, 1886.

AN ARTERIO-VEINUS ANEURISM.—BRAMANN reports the case of a man aged thirty-eight, who had received, a year before he consulted the surgeon, a knife wound in the inner side of the left arm, just underneath the shoulder. The wound healed in the tenth week, but four weeks after its reception a pulsating tumor formed in the left axilla. It increased slowly at first; in the

fourteenth week after the patient was injured, and on his beginning to work, the tumor grew rapidly, and the arm swelled.

On the patient's reception at the Berlin clinic the injured arm was between one and two inches larger than the other; the subcutaneous veins were tortuous, and at the elbow as large as a finger; the skin was moist, cool, and bluish.

In the region of the scar, and under the anterior border of the pectoralis major muscle was a tumor as large as a hen's egg, which was compressible, pulsated with the heart's systole, and in which murmurs were heard.

The tumor extended below to the enlarged brachial vein, in which a second smaller tumor was situated; above, into the axillary vein; the aneurismal murmur was heard very plainly above the clavicle.

The left radial pulse, which was notably weak, became much stronger on compressing the axillary vein, while murmurs and pulsation ceased in the tumor. The same result followed compression of the subclavian artery, and tumor and vein collapsed.

Bergmann, after fruitless efforts at cure by compressing the subclavian artery, operated for the ligation of the axillary vessels and the extirpation of the tumor. The axillary vein appeared obliterated between one and two inches below the tumor; a measurement of blood pressure taken with a Ludwig's mercurial manometer in the central part of a dilated cutaneous vein on the arm gave a pressure of between two and three inches of mercury, while the peripheral portion of the vein showed from three to three and a half inches, which is the normal pressure in the radial and ulnar arteries.

The axillary artery was ligated with a double ligature, the extirpation of the tumor was difficult, and required the sacrifice of the musculo-cutaneous nerve; a degenerated portion of the ulnar nerve was resected, and the cut edges united by catgut.

Recovery followed without accident in forty-five days. Eight months after the operation, the extremity presented the following abnormalities: slight cyanosis of hand and arm, and prominence of subcutaneous veins, with impaired sensation on antithenar region and four or five fingers. Examination of the venous tumor showed a direct communication with the artery measuring one-third of an inch in length and one-sixth of an inch in width. Between this communication and the place where the vein was obliterated, two veins, a superficial and a deep vein, extended. In a table of one hundred and fifty-eight cases of arterio-venous aneurism fifty-six were found to have followed phlebotomy.—*Centralblatt für die medicinische Wissenschaften*, December 11, 1886.

AN ANTISEPTIC DRESSING.—LUCAS-CHAMPIONNIÈRE gives the following formula:

Iodoform (powdered and sifted),
Powdered quinquina,
Powdered benzoin,
Powdered carbonate of magnesia, saturated
with essence of eucalyptus,
Of each, equal parts.

The powder is applied directly to the wound, and any aseptic absorbent may be used in dressing. After severe operations a fresh dressing will be ordinarily needed

in three days; in small wounds eight days may elapse before renewal.—*L'Union Médicale*, Dec. 11, 1886.

INCIPIENT BALDNESS is treated by TILBURY FOX with the following:

R.—Tinct. nucis vom 3iv.
Tinct. cantharides,
Lanoline āā 3ijss.
Acid. acetic. 3iv.
Aquæ rosæ 3vj.—M.

Sig. Apply with friction.

TREATMENT OF DYSURIA.—MALLEZ recommends the following:

R.—Terebinthinæ venetæ 3ij.
Camphoræ 3jss.
Ext. opii,
Ext. aconitii āā gr.v.

Ft. pil. 60 in num.

Sig. From one to six pills daily.—*Journal de Médecine*, December 12, 1886.

A DISINFECTANT FOR APARTMENTS.—The following will be found useful in the disinfection of houses:

Camphor 3v.
Chloride of lime,
Alcohol,
Water āā 3xij.
Essence of eucalyptus,
Essence of cloves āā mxxvj.

Mix; put in a large bottle, and allow to cool.

A few drops, sprinkled upon a napkin, will disinfect a room.—*L'Union Médicale*, December 16, 1886.

THE PURITY OF MID-ATLANTIC AIR.—In the course of an address on the "Action of Microorganisms on Surgical Wounds," Professor F. S. Dennis, of New York, states that during his last trip across the Atlantic he made some experiments to test the purity of the air about 1000 miles from land. He employed capsules of sterilized gelatine, and exposed them for fifteen minutes. One capsule was exposed in the stateroom upon the main deck of the steamer.

Within eighteen hours over 500 points of infection had developed. Two capsules exposed in a similar manner in a cabin on the promenade deck, where the circulation of air was free, showed five or six points of infection each ten days afterward. A capsule exposed over the bow of the ship was found to be entirely uncontaminated. These experiments are on the same line with those of Pasteur and Tyndall upon the mountain air of Switzerland, and, so far as they go, they show the germless condition of mid-oceanic air, and also the need for much more efficient ventilation in the staterooms of even first-class American liners.—*Lancet*, December 11, 1886.

A NEW PARASITE IN BEEF.—WOLF has found in the intermuscular connective tissue of the flesh of oxen a parasite which is apparently the larval form of an ascaris. It is encysted like trichinæ, but is somewhat larger, and is nearly spherical in shape.—*Fortschritte der Medicin*, December 15, 1886.

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SATURDAY, JANUARY 8, 1887.

THE CENTENNIAL OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

THE foundation of the College of Physicians one hundred years ago marked an era in the history of the profession of Philadelphia, the climax of which was reached this week in the centennial celebration. The last quarter of the eighteenth century saw in Philadelphia a group of physicians, worthy successors of those earnest men who, as friends and co-religionists, accompanied or followed Penn in the settlement of the province. Many of them had been educated abroad, and appear to have been peculiarly fortunate in their intimate association with the leaders of medical thought in Europe. The close relationship of certain of these men with Fothergill, one of the founders and earliest benefactors of the Medical Society of London, doubtless influenced their action in instituting a similar body in America, for we find that the great Quaker physician took the liveliest interest in the medical affairs of the province, particularly in the foundation of the Pennsylvania Hospital and in the establishment of a medical library. Unquestionably, too, the memory of the pleasant gatherings of the Royal Medical Society of Edinburgh, of which many of them were members, stimulated them to imitate it here. However this may be, to-day, we reap the benefit of their wise forethought, and the successful centennial gathering of this week fitly commemorates their services to the profession.

The President did well in making the chief part of his admirable commemorative address a summary of the medical genealogy of the College. A greater glory than the magnificent building she now possesses, a greater pride than the splendid library of nearly forty thousand volumes, and the choice

museum, a surer pledge of permanency, is the roll of names of eminent Fellows who have left their impress on American medicine. The College is local, and the property of a local organization, but John Jones, Morgan, Shippen, Rush, Wistar, Dorsey, Dewees, Barton, Chapman, Wood, Hodge, Meigs, Gross, and many others whose names we honor, belong now, not to Philadelphia alone, not to the College of Physicians, but to the history of the profession of this country. The social force and influence which physicians have always exercised in Philadelphia is not a little peculiar, and there is much truth in the statement that "he is, and always has been, relatively a more broadly important personage here than elsewhere." Certainly, physicians have played a large part in our public as well as private history, and they have "sustained in noble succession the prominence of this city in all that lifts our art and its sister sciences above the common level of applied usefulness."

Probably no other city in the Union, and but few in the old world, could have arranged such a display as greeted the guests of the College at the reception on the evening of the 3d of January. A special attraction was the splendid collection of old portraits of our great masters and worthy Fellows, which indicated how dearly their successors cherish their memory.

It is befitting the city which boasts itself as the "civitas Hippocratica" of America that the library of its chief medical society should be the largest in the country, except that supported by the nation at Washington. The rare treasures, the priceless incunabula displayed in the cases told of the enthusiastic bibliophile, without whose labors the development of the profession in this city would never have reached its present grade. The numerous copies of works by Fellows of the College translated into every language of Europe and into several of the Oriental tongues, which were collected in one case, seem to indicate that, if Philadelphia has lost her commercial supremacy she still leads her rivals in the intellectual race.

Amid the rejoicing and festivities, the conferring of the Associate Fellowship upon nine distinguished men was an appropriate recognition of the debt which the College owes the profession throughout the country; and the ceremonies connected with it were characterized by a grace and dignity worthy of the occasion. In honoring these men the College honored itself and added to a roll already long, the names of earnest and devoted workers.

Knowing the history of the College during the past hundred years we can look to the future with confidence, doubting not that in the century upon which we have entered the progress will be as much beyond our conception as is the realization of to-day beyond the thoughts of the original founders.

NEUROPATHIC JOINT DISEASES.

THE occurrence of joint diseases in persons affected with locomotor ataxia has been carefully studied by a number of neurologists, including Charcot, Weir Mitchell, and Westphal, who have attributed such diseases, as well as spontaneous fractures, to tropho-neuroses, and CZERNY has recently called attention again to this subject in an interesting paper in the *Archiv für klinische Chirurgie*, Bd. xxxiv. Heft 2, 1886. He points out that, in addition to the weakness of the bones which often exists in ataxia, there is an impairment of the muscular sense, which diminishes the support usually furnished to the bones when under strain, even when they are not especially weak, so that they may give way under the influence of forces which they could resist under ordinary circumstances.

In the inflammatory processes of the joints of ataxic patients the diminished power of resistance in the bones also favors rapid degeneration. Likewise, there is an impairment of sensibility which plays an important part in such processes. This impairment of sensibility first affects the nerves of the deeper structures, so that the skin may even be hyperæsthetic while the parts of the joint are so insensitive that motion is permitted when its influence has become harmful.

The diagnosis of this form of joint disease, according to Czerny, rests upon the occurrence of rapid degeneration in acute cases, and of analgesia, excessive exudation, and great destruction of the parts composing the joint in chronic cases.

Czerny describes six cases, but a careful study of them does not appear to us to establish conclusively the point he desires to make. He admits that the diagnosis of neuropathic joint affections is not easy, and in only two of his cases was degeneration of the spinal cord found, and in four it was only suspected.

There can be no question that disease of the spinal cord may exert an unfavorable influence upon pathological processes in the joints, and it is well to recognize this fact; but it would hardly be safe to assume the existence of such a degeneration merely because an acute joint affection runs a rapid course, or because a chronic joint affection is marked by some insensibility of the deep structures, with great exudation and unusual destruction of the parts involved.

This caution is all the more necessary because, as Czerny says, the importance attributed to this factor may seriously affect the legal rights of a plaintiff, or of a defendant, in a suit for damages for an injury. It might happen, also, in case of a suit, that a surgeon who accepts too unreservedly Czerny's opinions might injure the standing of another who has not learned that when the diagnosis of a neuropathic joint affection is made, the

treatment differs somewhat from that which would be proper in one in which no disease of the cord was suspected. In neuropathic joint disease Czerny recommends attempting to secure ankylosis in a good position rather than mobility of the joint. Rest is the chief desideratum before there is much destruction of tissue, and before suppuration becomes dangerous; when the latter occurs, the choice lies between arthrotomy, resection, and amputation.

In conclusion, we may say that, while one is not bound to accept fully Czerny's views of this subject, a proper appreciation of them may lead to the recognition of a factor in joint diseases which must be of great consequence wherever it is present.

TONSILLITIS IN ADOLESCENTS.

DR. HAIG BROWN, the medical officer at the Charterhouse School, London, has published a valuable brochure on this subject, which illustrates the importance of carefully studying, in all its aspects, such a common and well-known affection as tonsillitis. The conditions offered by a large public school are particularly favorable for observation, and among the large number of boys between the ages of twelve and nineteen, Dr. Brown found ample material upon which to base some very interesting remarks. The greater liability to the affection during the evolution of the generative organs is illustrated by the fact that 105 of 127 consecutive cases were between fourteen and seventeen years of age. The association of tonsillitis with rheumatism is well recognized, but we do not remember seeing the relationship more forcibly shown than by this writer. Of the 127 cases, from 119 trustworthy information was obtained as to the presence or absence of a rheumatic condition, and of these, 76 gave some history of rheumatism, either personal or in members of their immediate family. 20 of the cases presented what is known as the "rheumatic aspect," a combination of dark hair, a fair skin, red cheeks, and thick lips.

The disease is regarded as a specific disorder, to which septic conditions specially predispose. Some very interesting facts are given illustrating the prevalence of the affection in houses exposed to sewer emanations. The diminished power to resist disease is so produced, assisted by the deteriorating influences of puberty, a damp climate, and rheumatism, and is the usual predisposing reason for attacks of tonsillitis, which are probably determined by cold or contagion. Several very instructive instances are given in illustration of the highly contagious nature of follicular tonsillitis.

By far the most valuable part of these observations relate to the cardiac complications of the disease. Here and there we find a writer who refers to ton-

sillitis as a possible cause of endocarditis, but, so far as we know, no one has before so clearly brought out this point. A careful examination of the heart was made in 360 cases, of which 14 had previously suffered from rheumatic fever, and were excluded. Of the remaining 345, in 33, or 9.6 per cent., a cardiac murmur was developed. Of these cases, 8 were systolic basic murmurs heard over the pulmonary artery, and all disappeared in four weeks under treatment. 18 were systolic apex murmurs, which developed within three days of the commencement; 14 of these were solitary and of these, 10 disappeared within four weeks; 4 persisted for more than six months; 2 were pericardial friction murmurs, which did not last beyond the seventh day. 1 case had pericardial friction with systolic apex and diastolic basic murmurs. 4 were combined systolic and presystolic bruits. Briefly summarized, of the 345 cases, 8 had endocardial lesions which terminated in chronic valve disease, 3 had pericarditis, 10 had the physical signs of mitral regurgitation which disappeared, and 8 had functional murmurs due to anæmia. Doubtless, we have in this complication of so common a disease as tonsillitis an explanation of certain of the cardiac cases we meet in which there is no history of rheumatism, chorea, or other affection liable to be accompanied with endocarditis. A knowledge of its occurrence should make us watch the heart in this affection, and carefully guard the patient during convalescence should a murmur develop.

THE RELATION OF PHTHISIS TO DISEASE OF THE OVARIES.

ATTENTION has recently been called by FENWICK, in *The Lancet*, for October 16 and 23, 1886, to a possible relation between diseases of the ovaries and diseases of the lungs, which he formulates as follows: Ovarian cystic disease arises in many cases because the patient has a hereditary tendency to degenerative changes, or, in other words, belongs to a phthisical family. He has examined with care the literature of disease of the ovaries, and has not found that any observer has hitherto suggested or proved any family predisposition in such cases. From an analysis, however, of the records of the London Hospital for Women, from 1882 up to the present time, and of two cases occurring in intimate friends of his, with a few isolated cases reported by different authors, in all a little over 150 cases, he has come to the conclusion stated above. He could find reliable data as to the family history in only 60 of these cases, and in 32 of these families phthisis had existed. Other cases furnished some corroborative evidences of the influence of a tendency to phthisis in the subjects of disease of the ovary, so that he includes no less than 42 out of 60 cases in this category.

Fenwick supports his opinion by the fact that phthisical men are liable to disease of the testicle, the analogue of the ovary. He also attaches importance to the fact that caries of the teeth, which is common in phthisical subjects, is also found in a number of patients with cystic disease of the ovary. He believes that cystic degeneration of the ovaries is, like phthisis, frequently hereditary.

One of the most important tests of Fenwick's theory would be to ascertain whether or not women with disease of the ovaries are prone to manifest well-established evidences of phthisis. He produces but little testimony on this point. Sir Spencer Wells, he says, notes incidentally that out of his first 300 cases, 3 died of phthisis within the first two years after operation.

Fenwick does not claim anything more for his theory than that it appears probable. In this we entirely agree with him, and, although we feel that he may be making the mistake of taking coincidence for causal relation, we think he has made out a sufficiently strong *prima facie* case to warrant his appeal to those who shall in the future report cases of cystic disease of the ovaries, to narrate as fully as possible their family history, that more definite opinions may be formed as to the relation to it of a phthisical diathesis.

INTRACRANIAL PRESSURE.

IN discussing compression of the brain in *THE MEDICAL NEWS* for November 14, 1885, we called attention to some interesting investigations in regard to intracranial pressure which have a decided practical value in considering injuries to the contents of the skull. More recently, in the *Deutsche medicinische Wochenschrift*, of October 28, 1886, there is a report of a communication on this subject, made by KNOLL, of Prague, to the fifty-ninth meeting of German Naturalists and Physicians. In it he described some experiments in which he introduced a canula through the atlo-occipital ligament into the fourth ventricle of the brain in certain animals. By artificial interference with the respiration, he caused variations in the blood-pressure which were accompanied by a corresponding increase in the pressure of the cerebral fluid. But he observed that when the blood pressure was lowered by bleeding, the pressure of the cerebral fluid diminished more slowly than did that of the blood, so that the brain did not become anæmic as rapidly as any other organ of the body.

If this be proved by further observations and experiments, it will establish a very comforting doctrine. As yet, however, we cannot accept it without reserve, since the details of Knoll's experiments are not at hand, and it is impossible to say how far his deductions apply to man. One important element

in the case, and one which supports his opinion—although he has not called attention to it—is the fact that the contents of the skull are surrounded by an unyielding wall, so that they cannot collapse as readily as most of the other organs of the body, or admit of the drainage of their contained blood, since this would tend to create a vacuum. It would be interesting to study in this connection the condition of the bloodvessels in the long bones after venesection, so as to ascertain whether or not they too retain a proportionately large quantity of blood when the vessels of soft organs become anæmic.

However this may be, it must be remembered that anæmia of the brain is not the only condition which may interrupt consciousness, or even end life. Mere stasis of the cerebral circulation may produce either of these results, without any alteration in the absolute or relative quantity of blood in the skull. For this reason we must not mistake the significance of Knoll's observations, however interesting they may be, or however important it may be to take them into consideration in studying injuries of the brain.

THE measles epidemic in New York, it is gratifying to be assured, is on the wane, though it is still doing sad work in the tenement-house district, the last week showing 468 cases and 63 deaths. At the same time, diphtheria claimed 40 deaths and 104 cases, and scarlet fever 30 cases and 3 deaths. Measles is quite as prevalent in Jersey City and Williamsburg as here.

ON Wednesday, December 29, 1886, the Training School for Nurses at the Hospital of the University of Pennsylvania was opened. A lecture upon the treatment of fevers was given by the Provost, and a large and interested audience listened to his remarks, and afterward inspected the commodious and tasteful home of the nurses. In the plan of the enterprise, the details of the administration of the school, and the completeness of its equipment it reflects honor upon the wisdom and liberality of those who established it.

A LEGAL case of considerable importance to physicians has just reached a final decision. Dr. Alfred S. Purdy and his son, of New York City, determined that Angelina M. Brown was suffering from smallpox in November, 1879. They reported their conclusion to the New York Municipal Board of Health, and the woman was taken to the Smallpox Hospital. There it was discovered that she had not the disease. She sued the Drs. Purdy for \$5000 damages, and a jury in the Superior Court recently awarded her damages. The Superior Court, General Term, decided that the complaint should have been dismissed, as there was

a reasonable doubt as to the character of the disease in the beginning, and as it was the duty of the physicians to report the case to the health officers, who then assumed the responsibility of taking her to the hospital.

AT the Long Island College Hospital the chair of Medicine left vacant by the death of Prof. S. G. Armor has been filled by the election thereto of Dr. Frank E. West, an alumnus of that school, of the class of 1876. Prof. West had been for many years the favorite assistant, as well as the intimate friend, of the late eminent teacher, and his promotion to the full professorship has in it the merit of a civil service appointment.

THE ambulance service at the Long Island College Hospital, which has an eventful and useful record, is temporarily under a cloud by reason of a disagreement between the Hospital authorities and the Board of Health, in reference to the selection of ambulance surgeons. The present indications are that the time is coming when the city of Brooklyn will cease to own and run ambulances, and when the various hospitals will each maintain a station of its own, receiving a certain monthly payment from the city for their services to the public.

SMALLPOX has prevailed to some extent in Brooklyn this winter, the disease being imported in the person of a Polish immigrant; a goodly corps of special vaccinators has been diligently at work in efforts to circumscribe the outbreak. The disease has not spread very widely, although in one house as many as eight deaths thereby have been reported.

REVIEWS.

MANUAL OF PHYSIOLOGY. A text-book for students of medicine. By GERALD F. YEO, M.D., F.R.C.S. Second American edition. Philadelphia: P. Blakiston, Son & Co., 1886.

A TEXT-BOOK OF HUMAN PHYSIOLOGY, INCLUDING HISTOLOGY AND MICROSCOPICAL ANATOMY; WITH SPECIAL REFERENCE TO THE REQUIREMENTS OF PRACTICAL MEDICINE. By DR. L. LANDOIS. Second American, translated from the fifth German Edition, with additions by WILLIAM STIRLING, M.D., Sc.D. Philadelphia: P. Blakiston, Son & Co., 1886.

It is difficult, and perhaps impossible, to name any single text-book which shall properly fulfil the needs of the medical student in his two years study of physiology. At the very beginning of his course, while he is yet helplessly floundering in the waves of new words and new thoughts, it is almost cruel to place in his hands that best of English text-books, Foster's *Physiology*, and bid him comprehend the opening chapter on the blood. His knowledge of organic chemistry, and

the types of proteids is, to say the least, sufficiently slight to render the descriptions of fibrinogen and fibrinoplastin eminently depressing. Yeo's manual is, perhaps, of all the smaller works the one best adapted to the needs of the typical first year student. So far as functions so marvellously interdependent as those of the human frame may be treated in natural logical sequence, so far is that sequence observed. The study of the functional systems is preceded by an admirably arranged introductory statement of the vital phenomena in general. In spite of the fact that gratuitous difficulties are removed from the path of the student, the book is sufficiently advanced in character to demand close study.

As a supplement to this book, for use in the second year of medical study, and, indeed, for reference in actual practice, Landois's text-book, a work at once compact and encyclopedic, is unquestionably to be commended.

SOCIETY PROCEEDINGS.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

CENTENNIAL ANNIVERSARY.

Commemorative Meeting held January 3, 1887,

THE PRESIDENT, S. WEIR MITCHELL, M.D.,
IN THE CHAIR.

DR. ALFRED STILLÉ related the following

REMINISCENCES OF THE COLLEGE.

He said: We who form a portion of the continuous life of the College, links in the chain of its existence, are corporately, if not corporeally, one hundred years old to-day. But what is a century in the life of an institution? The years that carry a man to his dotage and decay are but the infancy, the childhood, or the youth of the nation, the community, the society, whose longevity may be reckoned, not by years or generations, but by centuries. It is less by the duration of a man's life than by his vigor that his capacity for continued existence must be determined, and this can be gauged only by his achievements. The ability to do must be estimated by what has been done.

The infancy of our College was a precocious one. Its corporate existence began with an infusion of learning and talent among its members out of all proportion to the age of the institution. Many of its original Fellows had been nurtured in colonial times when a trans-Atlantic education was felt to be the necessary complement of the rude, scanty, and disjointed instruction attainable at home. But from the War of Independence the European supplement was less frequently added to the gains of domestic training, and for more years than it is pleasant to number, the chief illumination within the College was furnished by the twilight left by the great luminaries that had sunk beneath the horizon. During the first thirty or forty years of this century, it seemed as if the old scholarly life of the 18th century had ebbed away from it, as it had from the whole medical profession, and its resurrection dates from nearly the same period that witnessed the revival of science and letters in Europe, the French revolution of

1830. During the next decade a number of young American physicians brought from Europe to our greater cities the methods of study and the knowledge they had gained abroad, and it is from that beginning, so insignificant in its mass, that medicine in this country received its first impulse in modern, as it had in remoter times; by it was it leavened, and raised to its present degree of dignity and usefulness.

The College of Physicians at that time was mainly composed of the elders of the profession, who instinctively clung to old and familiar paths, and who resented the intrusion of new ideas as almost impertinent. Age and station then had a much more preponderating influence than at the present day, and the young were as timid in expressing even their well-considered opinions, as the old were prompt to resent and frown down all dissidence and contradiction. There was also a special lack of harmony, if not a positive antipathy and antagonism, between the physicians who had been trained abroad and their pupils, on the one hand, and their elders, on the other hand, who kept to the ancient paths, and were content to plod therein, and who set more value by doctrinal differences and the logomachy of systems, than by the simple, unbiassed observation and comparison of clinical and experimental facts.

As something like this do I recall the aspect of our little province in the medical world when I first beheld it in 1842, awed, perhaps, by its luminaries, who, however, did not eclipse the greater ones that my eyes had grown accustomed to abroad.

Conservatism has always been our dominating spirit, as becomes all institutions that aim at permanency. It has distinguished not only its scientific and ethical features, but also the management of its material interests. As it felt that the latter were too valuable to be hazarded by the vulgarization of its Fellowship or by incautious legislation, so has it always maintained that the physician's office possessed a certain sacerdotal sanctity, and that its special constitution and its relations to the public required specific rules, as much as the commonwealth requires specific laws to enforce the commands of the second table of the decalogue. In 1843 the College framed the Code of Ethics which a few years afterward was substantially adopted by the American Medical Association. Only of late years, and since its moral bonds have become irksome to some who perhaps failed to distinguish between liberty and license, has the soundness of this synopsis of professional right and duties been called in question.

In 1845 the College hesitated to send delegates to the Convention which formed the American Medical Association upon the ground that the chief object of the Convention was not likely to be gained by the means proposed. And although it did afterward take part in this movement, and even an influential one, history has demonstrated the clearness of its foresight by proving the incapacity of medical societies, by the mere force of authority, to lift themselves or the medical profession out of the ruts of routine and the mire of ignorance.

Dr. Stillé then adduced the evidence of sympathetic interest the College has always shown in whatever concerned the progress and interests of medicine and the welfare of the community. It has never been governed by narrow and selfish motives, but has always given ungrudgingly of its wisdom and knowledge for the pro-

motion of every good work. It has lived up to its motto, "*Non sibi sed toti.*"

It would offend the susceptibility of some who are still among us, if I were to speak of their special acts of liberality, but I may mention two or three which, however prompted, were not carried out by those of our own household. I allude particularly to the silver service; the "Loving Cup;" the copy of Rembrandt's famous picture of "The School of Anatomy," now upon its way from Europe; and the elegant and classical chimney-piece that adorns the "Mütter Museum."

I turn now, in the last place, to give you a short history of the College library. Forty-one years ago on one side of the President's chair there stood a book-case of moderate size. It was painted black, I think, and through its glazed doors could be dimly seen a few hundred volumes varying in size from folios and quartos to humbler types, and all by their musty and dingy bindings proclaiming their long disuse. Among them was a fine edition of Galen, presented by the great Italian Morgagni to his eminent American friend, Dr. John Morgan, with a humorous suggestion of relationship prompted by the similarity of their names.

The ancient receptacle I have mentioned irresistibly suggested the chamber of an Egyptian tomb, where the dry and blackened mummies of the dead repose unchanged for untold ages. If the doors of it were ever opened it must have exhaled a sepulchral odor. But we know that even in the forbidding relics of the ancient dead grain has been found which, under the influence of sunlight and moisture, has germinated and renewed the crops of many centuries ago. So these dry and lifeless tomes, removed to a brighter and livelier atmosphere, and tended by a succession of intelligent and industrious cultivators, have formed the seed of the great harvest that this day surrounds us.

In 1843 there was a sinecure officer in the College, called Librarian. He made annual reports, and in the year mentioned his report was brief and expressive—"The library is seldom used." In 1844 the library committee reported that owing to the "present limited state of the collection," it was not expedient to open it more than twice a month! But in the succeeding year the acquisition of Dr. Otto's library seems to have borne fruit, for it was followed by gifts from various Fellows, among whom Drs. Wood, Hays, Bond, and Moore may be mentioned, and at the same time the College acquired the library of the deceased Medical Society of Philadelphia. In 1849 nearly a score of medical journals were received in exchange for the Transactions of the College, and thenceforward at nearly every stated meeting gifts of books were announced. But even as late as 1855 the library contained only 1700 volumes.

But the most important epoch in the history of the library was the founding of the Lewis Library in 1864, which at once added to it more than 2500 volumes of the choicest works in the finest condition, so that in 1866 the librarian was able to report a total of 9513 volumes. Thenceforth "*crescit eundo*" literally described the progress of the library.

In this partial retrospect of the history of the College during the last forty years, one can hardly fail to note that in it, as in political and social, and, indeed, every history, progress has depended upon individuals. The hour must come, and the man must arise who, by his

voice or his example, stimulates other men to vigorous and fruitful action. As in its infancy the great name of Rush dominated the College, through his inventive genius and foresight, so in its later history George Bacon Wood ruled it by his wisdom and liberality; another has made illustrious his living name by opening a rich mine of intellectual wealth for all seekers after knowledge; and still another is distinguished for his liberality in promoting the social, artistic, and literary tastes of his fellow members. All, by their example, have so warmed the enthusiasm and quickened the sympathies of the Fellows, that this commodious building, this precious scientific museum, and this noble library have sprung into existence in the brief space of a single generation.

Let us hope that so fair a flower of science shall not languish through indifference, neglect, or indirection, and that at the end of another century our posterity shall be able to speak of us with unstinted praise, and with as sincere gratitude as we now feel toward those who prepared the way for this goodly habitation and temple dedicated to the service of humanity.

THE PRESIDENT then conferred the honor of

ASSOCIATE FELLOWSHIP

on the following gentlemen, and in the following terms:

Henry Pickering Bowditch, M.D., Professor of Physiology in Harvard University; physiologist and statistician.

David Williams Cheever, M.D., Professor of Surgery in Harvard University; a bold and thoughtful surgeon; a teacher with the tongue and the pen.

William H. Draper, M.D., Professor of Clinical Medicine in the College of Physicians and Surgeons, of New York; the trusted consultant; the clinical teacher; the physician and writer.

Robert Palmer Howard, M.D., Professor of Medicine in McGill University, Montreal; clinical investigator; writer, and teacher.

Hunter McGuire, M.D., of Richmond; a surgeon distinguished in war and in peace; teacher of surgery; President of the American Surgical Association.

George Cheyne Shattuck, M.D., LL.D., of Boston; clinical investigator; eloquent teacher; generous benefactor of medical and secular education.

Nicholas Senn, M.D., Professor of Surgery in the College of Physicians and Surgeons of Chicago; investigator in surgical pathology.

Theodore Gaillard Thomas, M.D., Clinical Professor of the Diseases of Women in the College of Physicians and Surgeons, of New York; medical author; teacher; clinical investigator.

James T. Whittaker, M.D., Professor of Medicine in the Medical College of Ohio; clinical teacher; physician, and writer.

Dr. J. M. DA COSTA then made an

ADDRESS OF WELCOME.

He said: To me has been assigned the agreeable duty, on an occasion so interesting, of welcoming, on behalf of the College, these masters of our art as Associate Fellows. Our Institution has put on its holiday dress to celebrate the one hundredth anniversary of its foundation, and one of the most pleasing features of the commemorative gathering is the admission of a number of men of

distinction as Associates. In this, the College is but carrying out the implied wish of its incorporators. It is calling those to it who have assisted "in the prosecution and advancement of useful knowledge for the benefit of their country and of mankind."

What thoughts would have filled the minds of those worthies who founded this College could they be with us now. What rejoicing at the success of their literary and scientific undertaking would these old physicians of Philadelphia have indulged in. What pride would they, patriots formed in the stern school of sacrifice and suffering of a long war, have taken in the fact that from so many parts of their country, grown in these hundred years from sparsely inhabited stretches of land into a teeming, powerful empire,—from cities they were familiar with, but in whose present magnificent proportions they would find themselves wondering strangers; from wildernesses they scarcely knew of even by name, now thriving, populous States,—had come, with a promptitude and rapidity which progress in applied science has alone made possible, those "viri docti et medicinæ periti," they would themselves have delighted in welcoming.

Every age has its impress and its tendencies. The queue, the knee-breeches, the gold-headed cane, the stately manner, the reverence for old wisdom, the classical canon were their emblems, and bespoke that which they declared to be one of the objects of this College—"to cultivate order and uniformity in the practice of physic." Though not blind to your other qualities, it would have been for any near approach to their standard of order and learning, that they would have mainly esteemed you. Our age is an age of zealous investigation and active change. Newly elected Associate Fellows, we find represented in your ranks what in these days we chiefly honor in our many-sided profession. We find learning and order, but we also find love of research, originality, boldness; we note you quick of eye, fertile of resource, independent of thought. And if we have singled you out on this occasion, it is because you are the type we delight in, the true children of our time and tendencies.

Associates, in joining you to us to-day, we bestow on you all this College has to bestow. It gives you full share in all that a century of learning, of culture, of pure aims, of renown, of high tone, most zealously guarded, has done to make it famed and respected. On its part, it takes a mortgage on your past acquisitions, as well as lays claim to a portion of the results of your future work. And when some fresh, thoughtful deduction in practical medicine becomes the theme of every pen; some new, life-saving operation is everywhere discussed; some clear monograph of exhaustive research and wide grasp is by everyone lauded; some ingenious application of physiological experimentation laid before the world; when we hear of a celebrated treatise of a great practical master being translated into yet more tongues,—we shall feel the pride of possession in our Associate Fellow, and rejoicing in his success, claim him, for the College, as among our own. These are the feelings we have toward you, and we now greet and welcome you as sons of this old Institution with all the love of brotherly affection.

The President then adjourned the meeting, and on behalf of the College invited the Fellows to luncheon in the old Museum Room.

THE DINNER.

In the evening the Fellows dined together in the Assembly Room of the Union League. After the cloth had been removed, the President presented the toast of the "Memory of the Founders of the College," which was drunk in silence. Subsequently Dr. Henry Harts-horne read some appropriate verses. The President then offered the toast of "The Fellows of the College," and asked the company to pledge each other in the loving cup, which was passed round. Dr. D. Hayes Agnew responded to this toast.



The toast of the "Associate Fellows" was proposed, and replied to by Dr. T. Gaillard Thomas, of New York. Dr. Pepper then responded to the toast of the "Physician," Dr. Ashhurst, to the "Surgeon," Dr. Parvin, to the "Obstetrician," and Dr. John S. Billings, to the "Medical Societies of America."

The formal toasts of the evening having been concluded, Dr. George C. Shattuck rose and claimed the privilege of proposing a toast and asked the company to drink to the health of the College of Physicians, and to its prosperity and long life. The toast was received with enthusiasm and the President acknowledged the compliment in a few brief remarks.

Dr. Weir Mitchell then read the following

COMMEMORATIVE VERSES.

A Doctor's century dead and gone!
Good-night,—to those one hundred years—
To all the memories they bear
Of honest help for pains or tears.

Good-night! a century's good-night,
To such as for our noble guild
Stood firm when death was in the air
And fear all meaner bosoms filled.

To them that like St. Christopher,
When north and south were sad with graves,
Bore the true Christ of charity
Across the battles' crimson waves.

Good-night to all that shining line,
—Our peerage—yea, our lords of thought,
Their blazonry unspotted lives
Which all the ways of honor taught.

A gentler word,—as proud a thought,—
For those who won no larger prize
Than humble days well lived can win
From thankful hearts and weeping eyes.

Too grave my song,—a lighter mood
Shall bid us scan our honored roll,
For jolly jesters gay and good,
Who healed the flesh and charmed the soul,

And took their punch, and took the jokes
Would make our prudish conscience tingle,
Then bore their devious lanterns home,
And slept, or heard the night-bell jingle.

Our century's dead; God rest his soul!
Without a doctor or a nurse,
Without a "post," without a dose,
He's off on time's old rattling hearse.

What sad disorder laid him out
To all pathologists is dim;
An intercurrent malady—
Bacterium chronos finished him—!

Our new-born century, pert and proud,
Like some young doctor fresh from college,
Disturbs our prudent age with doubts
And misty might of foggy knowledge.

Ah, but to come again and share
The gains his calmer days shall store,
For them that in a hundred years
Shall see our "science grown to more."

Perchance as ghosts consultant we
May stand beside some fleshly Fellow,
And marvel what on earth he means,
When this new century's old and mellow.

Take, then, the thought—that wisdom fades,
That knowledge dies of newer truth,
That only duty simply done
Walks always with the step of youth,

A grander morning floods our skies
With higher aims, and larger light,
Give welcome to the century new,
And to the past a glad good-night—!

The recital of these verses which elicited prolonged applause, concluded the festivities of the evening.

The feature of the Dinner Menu, which was in book form, was the interspersing of apposite quotations from Shakespeare. On the cover was engraved the seal of the College, and below this was inscribed—

"Feasts so solemn and so rare
Since, seldom coming, in the long years set,
Like stones of worth they thinly placed are,
Or captain jewels in carcanet."

Sonnet 52.

On the reverse was the accompanying medallion portrait of the first President of the College, Dr. John Redman.



"He was a scholar, and a ripe and good one;
Exceeding wise, fair-spoken, and persuading."
Henry VIII. IV. ii.

A RECEPTION

was held in the Hall of the College on Monday evening, January 3d. The building was beautifully decorated with flowers and the walls were adorned by a very large and interesting collection of portraits of deceased Fellows of the College and others.

Among the guests present from a distance were Drs. Fordyce Barker, of New York; John S. Billings, of Washington; Traill Green, of Easton; A. M. Pollock, of Pittsburg; Nicholas Senn, of Milwaukee; Hunter McGuire, of Richmond; James T. Whittaker, of Cincinnati; H. P. Bowditch, of Boston; T. Gaillard Thomas, of New York; W. H. Draper, of New York; D. W. Cheever, of Boston; George C. Shattuck, of Boston; R. Palmer Howard, of Montreal; Robert T. Edes, of Washington; R. F. Weir, of New York; J. R. Chadwick, of Boston; A. Jacobi, of New York; George M. Sternberg, U. S. A.; C. C. Lee, of New York; F. Lange, of New York; F. Donaldson, of Baltimore; E. Darwin Hudson, of New York; Ezra M. Hunt, of Trenton; R. F. MacDonald, of Montreal; A. H. Halberstadt, of Pottsville.

NEW YORK SURGICAL SOCIETY.

Stated Meeting, December 8, 1886.

DR. CHARLES T. POORE read a paper on the
TREATMENT OF INVETERATE TALIPES EQUINO-VARUS
BY OSTEOTOMY.

The majority of infants with this deformity are, and can be cured by mechanical treatment, but there are a certain number of persons, who, either from the marked degree of the deformity, neglect, or inefficient treatment, are unable to walk on the plantar surface of their feet, and in whom locomotion is labored and painful. Even in children it is sometimes impossible to hold the foot in a proper position without the aid of an apparatus after years of careful treatment. With the brace applied they are able to walk on the plantar surface of their feet, but as soon as it is removed the anterior portion of the foot reverts to its abnormal position.

The cause of this failure to relieve the deformity is not clearly understood, or, if acknowledged, is not appreciated. In order to understand the cause of this inability to hold the anterior portion of the foot in a proper position, and, when an operation is called for, to judge of the best means of correcting the deformity, a consideration of the anatomy of congenital equinovarus is necessary.

Dr. Poore has examined the bones taken from a child eight months of age, who exhibited this deformity.

The patient had been under treatment for some months, and, at the time of death, the anterior segment of the foot had been brought into its normal position, and held there as long as the splint was on, but on its removal immediately reverted to its abnormal position. The tendo Achillis had been divided.

In comparing these bones with those taken from a child of eight months the following points of difference are noted. The angle at which the neck of the astragalus is set upon its body in the bone from the deformed foot is 55 degrees, while that of the normal bone is 28 degrees; the external surface of the neck of the abnormal is much longer than that of the normal bone—the articulating surface of the head is much smaller in the

former than in the latter. The anterior articulating surface of the os calcis is directed forward and inward in the bone from the deformed foot, while in the normal it is directly forward. Its anterior portion is curved outward in the deformed foot, but is straight in the one from the normal foot.

It seems established that the obliquity of the neck of the astragalus is a normal condition in infants at term; that in varus, as a rule, the amount of this obliquity is increased; and that in the adult bone the neck is set upon the body of the bone at a mean angle of 10.65 degrees. That in varus the anterior portion of the os calcis is curved with its convexity looking outward, and that its anterior articulating surface is directed forward and inward. It is evident, then, that during growth the axis of the neck of the astragalus, in the normal foot, changes from an angle of 38 degrees to one of 10.65 degrees, with that of the longitudinal axis of the body.

The pathological changes found in the majority of cases of congenital talipes equino-varus may be described as an exaggerated obliquity of the neck of the astragalus, and a curvature of the anterior portion of the os calcis, together with its elongation; and that the head of the astragalus is held in its abnormal position by short ligaments; that the scaphoid is carried upward and forward by the head of the astragalus, and held there by the abnormal condition of the ligaments; that the muscles have nothing to do with its causation, nor do they act as much of an obstacle to the restitution of the foot. Exception should, however, be made to muscles entering into the formation of the tendo Achillis.

It should be stated that in one dissection reported by Messrs. Parker and Shattuck of congenital equino-varus, the obliquity of the neck was only 31 degrees, being less than in the normal bone.

If the foregoing facts have been correctly interpreted, the indications for the treatment of congenital equino-varus seem simple. The object of mechanical treatment must be to stretch the ligaments upon the inner side of the foot, which hold the scaphoid and head of the astragalus in their abnormal position, so that the obliquity of the astragalus may undergo the diminution incident to normal growth, or, in other words, assume the form of the adult astragalus. There is still another element, in some cases at least, which prevents a perfect restitution and that is the elongation of the os calcis; even should the deformity of the astragalus be entirely overcome, the outer border of the foot would be longer than its inner, and thus continually tend to force its unsupported anterior segment inward.

In those cases which have resisted all known methods of mechanical treatment, the question arises, What operation is the best to restore the foot to a useful position?

The only operation that has of late years commended itself to surgeons, is a cuneiform osteotomy or resection of the tarsal bones in front of Chopart's joint; all others have failed to accomplish the end for which they were performed and have been abandoned.

Tenotomy of the ligaments commends itself as one from which good results may be expected in infants, because it attacks the structure which is the chief obstacle to the normal development of the astragalus, but it has no influence on the curvature of the os calcis, and this, it would seem, is the cause of imperfect restitution in other more promising cases.

In looking at a dissection of a foot affected with the deformity under consideration, the following points suggest themselves:

1st. That the inability to correct the deformity was due to changes taking place in the astragalus and os calcis.

2d. That in order to bring the anterior portion of the foot into its normal position, the curvature in the os calcis must be renewed and the neck of the astragalus shortened, so as to allow its head to point in the normal direction and thus carry with it the scaphoid and other tarsal bones.

To accomplish this the following operation was performed: An incision was made from a point one and a half inches in front of the tendo Achillis in the outer aspect of the foot forward to the middle of the cuboid bone, and down to the tendons of the peroneus longus and brevis; these should be raised or pushed out of the way. Another incision beginning from the middle of the first and corresponding to the neck of the astragalus was made directly upward. The tissues were then raised from the bones, and the periosteum incised over that part of the os calcis from which it was desired to remove the wedge. With a chisel a V-shaped piece of bone was taken away base outward, and its apex extending to its inner border; a wedge was then removed from the neck of the astragalus of such a shape as to allow the anterior portion of the foot to be brought outward and upward.

The periosteum was united with catgut and the skin with several wire sutures, because the latter hold longer and give better support. An aperture was left posteriorly for the insertion of a drainage tube, a plaster-of-Paris bandage applied extending from the toes to above the knee, and the foot placed in a corrected position. The wound was dressed with iodoform and gauze.

The size of the V-shaped interval left after the removal of the wedge of bone should be sufficient to allow the anterior portion of the foot to be placed in a proper position without any tension on the tissues on its inner aspect. I think that a subcutaneous division of the ligaments on the inner border of the foot, where they are tense, would facilitate the correction.

The dressing should be as light as possible, not bulky, otherwise it will be found difficult to apply the plaster-of-Paris bandage firmly. A little over-correction does no harm.

The advantages claimed for this operation over that of removing a wedge from in front of the medio-tarsal joint are:

First. It is anatomically and mechanically correct.

Secondly. Less amount of bone has to be removed, because the operation is performed nearer the apex of a triangle.

Thirdly. No joint is entered, and consequently the foot is left in a more normal condition.

Fourthly. It does not practically shorten the foot in front of the ankle-joint.

The class of cases suitable for this operation are:

First. Those patients who have reached the age of five or six years with the deformity unrelieved, and who have walked on their feet, and in whom the parts are rigid and the deformity marked.

Secondly. Those cases in which, although the anterior portion of the foot can be brought into position, yet

require an apparatus to retain the foot in its normal position after years of careful treatment.

Thirdly. Those cases in which the obstacle to restitution is due to elongation of the os calcis; perhaps in these patients the removal of a small wedge from that bone would accomplish the object.

Case I.—W. S., ten years of age, was admitted into St. Mary's Hospital, September, 1885, with congenital talipes equino-varus of the left foot. The deformity had never been treated. He walks on the outer aspect of his foot. The parts are very rigid, and with the hand no change can be made in the position of the anterior portion of the foot. There is no motion at the ankle-joint.

In October, the tendo Achillis was divided, and Bradford's instrument for forcibly rectifying club-foot used, but no impression could be made in the position of the foot. In November, another attempt was made with the same instrument, but with no better success.

On January 14, 1886, I performed the operation advocated in this paper, and brought the anterior segment of the foot into a straight line. There was considerable oozing of blood for a day, so that the dressings had to be changed, and in a week some slight suppuration. During the treatment he had an attack of scarlet fever. The wound all closed within a month, but he was not allowed to use his foot for eight weeks. At date of discharge from the hospital he was able to walk well with his foot flat on the floor. There was but little motion at the ankle-joint. The line of the inner and outer border of the foot is perfect, with not the slightest tendency to inversion.

Case II.—A. S., eight years of age, was admitted into the hospital in November, 1885, with double congenital talipes equino-varus. His tendons have been cut and he has been under mechanical treatment for years, but with no benefit.

The os calcis is in its normal position, but the anterior portion of the foot is turned at a right angle to the os calcis. Three attempts have been made to correct the deformity with Bradford's instrument, but without making any impression on the position of the foot.

December 21, 1885. A wedge was removed from the os calcis and neck of the astragalus in the same manner as mentioned above.

Wound was all closed in a few weeks. Temperature never over 100°.

February 6. The same operation was performed upon the right foot.

At date of discharge patient was able to walk with the sole of the foot flat on the floor. The patient has always had some paresis of the extremities, so that he has never had good use of his limbs. He walked at time of discharge quite well. But there is a tendency of the whole foot to roll inward. I do not think that the correction was as perfect as in the first case.

Case III.—W. J. C., aged fourteen, has been under treatment at the hospital at times for several years. She has had a congenital talipes equino-varus of left foot, which has been corrected, so that the anterior portion of the foot can be brought into its normal position with the hand, but immediately on removal of the support turns somewhat inward. She has worn a brace for several years; with it she gets along pretty well, but without it the foot is almost useless.

February 28, 1886. A V-shaped piece of bone was removed from the os calcis and neck of the astragalus, and the anterior portion of the foot placed in a straight position. Plaster-of-Paris splint and dressings of gauze and iodoform, as in the other cases, were used. Owing to illness, I did not see the patient again for a week. She then had a high fever, the foot was swollen, and the wound looked blue and sloughy. The splint was removed and the wound cleansed. The fever continued, and she died on the twelfth day of septicæmia.

DR. STIMSON asked whether in the latter case it were possible to raise the foot in dorsal flexion inside of a right angle.

DR. POORE replied that he thought there was limited motion in the ankle-joint.

DR. STIMSON remarked that the basis of Bœckel's operation was removal of the astragalus because that motion was interfered with, and a limp was the necessary consequence.

DR. POORE said that he did not see how that could be, as he was certain that some of the cases in which cuneiform osteotomy had been performed had normal motion at that joint. Another objection to the cuneiform osteotomy was made, viz., that it interfered with the growth of the foot; cases had been reported in which good results had been secured at first, but, as the child grew, the foot failed to grow in proportion.

He thought it was probably because the operation had been performed anterior to Chopart's joint, and thus an inch and a half had been removed from the foot. He said it could not be known how much shorter the foot would be on reaching maturity, but he thought it better than the cuneiform operation in front of Chopart's joint.

DR. BRIDDON presented the stomach and wounded portion of intestine of the following case of

LAPAROTOMY FOR PISTOL-SHOT WOUND OF STOMACH;
PERFORATIONS OF SMALL INTESTINE NOT RECOGNIZED
DURING LIFE; DEATH.

Lizzie W., a patient brought to the Presbyterian Hospital, at 6.30 P. M., November 20, 1886, during the service of Dr. Briddon. She reported that she accidentally shot herself while holding in her right hand a revolver, which she supposed was unloaded. She was dressing at the time, the ball passing simply through her underclothing. The shooting occurred about two hours before admission. On admission patient was not in collapse. Her pulse was 80, full and regular, and her temperature was 101.4° F. Soon after her arrival she vomited a large amount of a dark, thick material, in which were large pieces of undigested meat. This material was examined microscopically, but no blood was found. Percussion over the abdomen gave slight dullness on the left side as compared with the right. Patient was calm and talked readily about the accident. The abdominal wound was three and a half inches above the umbilicus, and one-half inch to the left of the median line. The surface of the abdomen was thoroughly cleaned, wound dressed antiseptically, and a small ice-bag applied. Patient was placed in bed and given a hypodermic of morphine sulph. gr. ½. It was decided, owing to the absence of urgent symptoms, to delay any operative measures until the next morning.

Morning of November 21. Temperature 102° F. General condition of patient about the same as last night. Slight tympanites present, but no marked increase of pain.

Operation, by Dr. Briddon, November 21st, at 11.45 A.M. The abdomen and thighs were made antiseptic previous to the administration of ether. When the patient was under its influence the abdominal wall was again washed with a solution of hydrarg. bichlor., and afterward by a saturated solution of iodoform in ether. The sponges were kept in warm solution of hydrarg. bichlor., 1:5000. An incision was made from the ensiform cartilage to the umbilicus through at least three inches of fat. When the muscular layer and posterior sheath of the rectus were divided, another thick layer of fat was laid bare, on division of which the peritoneum was exposed, nicked, and divided the whole length of the wound. On pressing the stomach downward some bloody serum was found, and in the deeper veins a fluid, which, it was thought, had a milky appearance. The cavity was so deep that an attempt was made to obtain a better view by drawing out the omentum and transverse colon and laying them, enveloped in warm flat sponges, on the lower thoracic wall. This failing to give sufficient room, the opening in the abdominal wall was enlarged downward to a point midway between the umbilicus and the pubis.

The omentum and colon were now returned to the abdominal cavity, and maintained there by flat sponges; the stomach was again examined, and there was found a small rent in the omentum close to its attachment to the greater curvature. This was enlarged by the fingers sufficiently to admit a thorough inspection of the space behind the stomach, where there were found a few coagula of blood. After a prolonged search and examination at that portion of the greater curvature from which the omentum was detached, there were found two linear slits with ragged edges communicating with the interior of the stomach, one of these being situated anterior, the other posterior to the insertion of the omentum, and not half an inch apart.

At this time the condition of the patient was critical, and the indications were to conclude the operation as quickly as possible. Hypodermatics of camphorated ether were used. The perforations were closed by two lines of Lembert's suture. As there was a little adherent omentum at either end of the second row of sutures, a deeper suture was carried through at that point so as to include this, the toilet of those parts above the transverse colon carefully made, and some grumous blood, and what was supposed to be stomach contents, removed. At the suggestion of Dr. Lange, tamponades of iodoform gauze were introduced, one into the space behind the anterior layer of the omentum, the other into the space outside of it.

The abdominal walls were brought together by a number of silver-wire relaxation sutures and intermediate ones of catgut. The superficial dressing consisted of iodoform and bichloride gauze. The operation lasted two hours. The patient's condition was not very promising, and she was immediately placed in bed and surrounded by hot bottles.

Patient recovered from her ether without vomiting. 8 A.M.: temp. 103.2° F.; pulse rapid but regular. Hypodermatic stimulations of camphorated ether given every

two hours until the pulse became better. Rectal stimulations of brandy and water given every four hours. 12 midnight: temp. 102° F.; pulse 140; resp. 36.

Nov. 22. Morphia hypodermatically given frequently enough to prevent restlessness. Temperature ranging between 101° F. and 103° F. 4.30 A.M.: temp. 101° F.; pulse 142; resp. 37. 8.30 A.M.: temp. 104.2° F.; pulse 145; resp. 34. Stimulation continued. Urine contained albumen fifty per cent. and large granular casts. 12 M. temp. 105° F.; pulse 145; resp. 24. 12.30 P.M.: a portion of the iodoform gauze removed from abdominal opening. 3.45 P.M.: more gauze removed and two rubber tubes passed to bottom of wound. Ice coil bag used on head and abdomen. 5.30 P.M.: temp. 106° F.; pulse 142; resp. 28. 8.30 P.M.: temp. 106° F.; pulse 150; resp. 17; patient was very restless and delirious. 9 P.M.: temp. 105.4° F.; pulse 150; resp. 15. Pulmonary oedema has begun. 10 A.M.: pulmonary oedema has increased rapidly during past hour; patient is moribund; the oedema is very marked. 11.45 P.M.: patient died.

Autopsy.—Abdomen prominent, both from the thickness of its walls and from distention of the intestines. The abdominal cavity was opened through the original operative incision. Signs of acute general peritonitis at once presented. The intestines were adherent, by recent fibrinous exudations, to the walls of the abdomen and to one another; and the great omentum was attached to the greater curvature and anterior wall of the stomach. In the pelvic cavity there were about 3viij of a red watery liquid; while in the upper portion of the abdominal cavity there was quite a large collection of a watery, greenish-brown liquid, thought to be fecal. The adhesions were easily separated and the original wound of the stomach with its catgut sutures found. A small portion of the great omentum was found quite firmly attached to the lower part of the closed incision.

The stomach wound was in the greater curvature about two inches from the pylorus. The stomach wound was entirely closed, resisting the pressure of water poured into the stomach. Following the small intestine past the duodenum, four wounds were found in the upper portion of the jejunum, all within three inches. The course of the bullet could be easily traced by several spots of ecchymosis in the tissues. Its direction was downward, backward, and outward. It was found anterior to the left kidney, in the left axillary line, and about one inch below the line of the umbilicus. It was a short No. 32.

The heart was dilated, with flabby walls. The kidneys were slightly enlarged, and showed acute parenchymatous nephritis on gross inspection.

During the time that the stomach wound was being sewn up, the indications for a speedy operation were urgent; and it was probably due to this cause that the wound of the intestine was not recognized.

DR. SANDS asked whether, in laparotomy for gunshot wounds, unless the ball is found or the viscera inspected, there is any means of knowing the distance the ball has traversed, or of knowing the number of perforations.

DR. BRIDDON said that in future he should regard none of his operations as complete until the whole of the intestinal tract had been examined from one end to the other. The duration of the operation was two

hours. There were at least between three and four inches of fat outside the abdominal muscles, and a layer of one inch and a half in the fascia behind the upper end of the sheath of the rectus. It would have been utterly impossible to make anything like a satisfactory examination without prolonging the section downward toward the pubes.

THE PRESIDENT remarked that he had never had any opportunity of testing it, but thought the introduction of some bland, colored fluid internally into the wound might develop the existence of apertures in the neighboring portion of the intestine, which could not be conveniently handled; as, for instance, the duodenum; but that even, he thought, might not be a positive test, but yet it might assist in the examination.

DR. BRIDGON remarked that there was one peculiar condition in these wounds of the stomach; and that is that they are perfectly linear; when he first saw them he did not suppose they were wounds at all, they looked like linear extravasations of blood. The wounds of the intestines, as a rule, are round or ragged, and sometimes are circumscribed, which are frequently more destructive to the gut or the tissues of surrounding parts; in fact, the wounds of the stomach had been overlooked, and not regarded as wounds; and it was not until the edges were separated that they were discovered.

THE PRESIDENT asked if he thought that was not owing to the interval between the receipt of the wound and the operative procedures; he thought that union could take place in that time, as he had seen firm union in six hours.

DR. SANDS replied, but not of the intestines, he thought; in the case spoken of, the intestines were not matted to the stomach or omentum.

OSTEOMA AND OSTEO-SARCOMA OF BOTH SUPERIOR MAXILLÆ.

DR. STIMSON presented a bony tumor involving both superior maxillæ, which had been removed that day from the girl who had been presented at the previous meeting. The tumor was almost solid bone. At its back was a small, soft outgrowth, like a cap, covering an area of about two square inches. The removal was done rapidly, without much hemorrhage, but the shock was great. The child had rallied under active stimulation and was alive when he left the hospital, but her condition was precarious. He would report at another meeting the details of the operation and the result.

CORRESPONDENCE.

AINHUM.

To the Editor of THE MEDICAL NEWS,

SIR: I have just noticed that Professor F. J. Shepherd, of Montreal, in the January number of *The American Journal of the Medical Sciences*, states in his interesting article, entitled "A Short Account of the Disease called Ainhum," that only two cases previous to his have been reported in North America. The disease is certainly a rare one, although many more cases would have been reported if it was recognized by or familiar to the general practitioner. I reported a case of "Ainhum" in this journal for June 13, 1885, in an

article on "Unna's Dermatological Preparations." This case was only reported as *one* in the table of statistics of the American Dermatological Association for 1885, although it might have very properly been reported as *two*, since the negro man, more than a year before he came to the Polyclinic in Baltimore, had lost a little toe from the same disease.

Within a few weeks of the time when this case showed itself, as so often happens, another negro man, suffering with exactly the same trouble in the little toe of his left foot, presented himself. This was the second case reported at the 1885 meeting of our Dermatological Association. Neither of these cases was properly diagnosed by other physicians who saw them. It is on this account, perhaps, that this disease is so rare. It is also a fact, as Professor Shepherd says, that some dermatologists doubt there being any such distinct disease. To this number I do not belong. The writings and reported cases of others, with those which have come under my notice, have sufficiently proved to me that the disease is one "*sui generis*."

Very respectfully,
ROBERT B. MORISON, M.D.

BALTIMORE, Dec. 30, 1886.

AGARIC IN THE SWEATING OF PHTHISIS.

To the Editor of THE MEDICAL NEWS,

SIR: Dr. N. S. Lincoln called my attention to the powerful influence of pulverized agaric to control the sweating of pulmonary phthisis; since then I have used it in five cases, with the greatest success.

In the first case I prescribed the powder in ten grain doses at bedtime. Owing to its cathartic effect I reduced the dose to five grains. Continuing this for a week, all sweating ceased. I now, in this case, only use it when a slight moisture of the skin during the night warns the patient that he may be going to have a return of the sweat. In one case I had to repeat a five grain dose every two hours, three times one night; no cathartic effect resulted. I call your attention to this remedy because, when I first ordered it I found great difficulty in obtaining the smallest quantity, either of the powder, the alkaloid, or the fluid extract. The remedy, while so effectual in controlling the sweating, did not help the cough or produce drowsiness.

ARMISTEAD PETER, M.D.

3044 O. ST., N. W., WASHINGTON, D. C.
December 20, 1886.

BERI-BERI.

To the Editor of THE MEDICAL NEWS,

SIR: The paper of Dr. Seguin on Beri-beri in your issue of December 18th, calls to my mind an outbreak of disease which occurred several years ago on a Provincetown bass fishing vessel, and which I, having seen two of the cases, reported in the *Boston Medical and Surgical Journal*, 1881, ii. p. 400, under the head of "A Curious Endemic." I was entirely at a loss at the time as to the real nature of the disease. Dr. Costello, of Vevay, Indiana, expressed the opinion that the cases were Beri-beri (*op. cit.* p. 577), an opinion which I then could not share, but which I now believe to have been correct. Out of the crew of nineteen men fifteen were one after another attacked by pain and numbness

of the hips, which was soon followed by œdema involving not only the legs but also the trunk to a greater or less extent. One man died; the rest recovered sooner or later. Careful investigation failed to reveal any cause to which the outbreak could be assigned. I repeat that I am now satisfied that the disease was Beriberi. At that time this disease had never been reported as occurring in this country except in a number of sailors from a Brazilian man-of-war treated in a hospital in San Francisco, nor was it known at that time that Beriberi is a peripheral neuritis.

Yours very truly,

FREDERICK C. SHATTUCK.

BOSTON, December 22, 1886.

NEWS ITEMS.

SURGEON-GENERAL GUNNELL, in his report to the Secretary of the Navy, invites attention to the condition of the Medical Corps of the Navy. Its vacancies have not been filled for several years, resignations, deaths, and retirements have depleted it more rapidly than candidates have been obtained. The bureau has not been willing to lower the standard of requirements; and it is impossible with the present inducements offered, to find young medical men possessing the necessary qualifications who are disposed to become medical officers of the navy. The Army Medical Department has qualified applicants far in excess of its needs, attracted by better pay, well-defined rank, and more satisfactory professional position. Since 1870 more than thirty young medical officers have resigned (three of them to enter the army corps). He says he cannot too strongly recommend that prompt measures be taken to increase the advantages and improve the condition of this department.

DR. A. C. BERNAYS has been appointed by the St. Louis Board of Health consulting surgeon of the City and Female Hospitals.

A LIST OF PATENT MEDICINES, the importation of which the Russian Government has decided to prohibit, has recently been published. It consists of about 800 preparations of English, American, French, and German origin, the English or American numbering nearly 100. Pills, plasters, hair restorers, cough drops, medicated foods, ointments, and many miscellaneous preparations for a great variety of purposes are all classed together in one long medical *index expurgatorius*. The list appears to have been drawn up by a committee of Russian physicians, and even such remedies as taraxacum and podophyllin have been struck out.

CHINESE TREATMENT OF CHOLERA.—The Chinese have a rather radical cure for cholera. A Shanghai paper says that on July 22 a Chinaman employed on one of the steamers was taken ill, apparently with cholera. The following is the course which was adopted, according to the paper from which we quote: "His friends immediately sent for a native doctor. This individual had with him a box containing some long needles, and these he used on the patient. A needle was driven some distance into the man's head, near each temple, and again behind his ears. In each

case bleeding followed. Needles were also driven into the lips, both sides of the chest, both sides of the stomach, and also into the pit of it. The doctor then scraped the skin of the man's throat till it looked like the neck of a turkey. This violent treatment had the desired effect, and in a few hours afterward the man was quite well, and eating his midday meal with evident relish."

DECREASE OF THE ENGLISH DEATH-RATE.—The English Registrar-General shows, from a review of the mortality of England during the ten years (1871-80), that the mean annual death-rate has fallen to 21.27 per thousand, the lowest average since civil registration began. With this general fall is an increase in the death-rates in the later periods of life. This is also significant of improved tenure of life, for it shows that a larger proportion of persons live to be old enough to die in the later periods. Dr. Ogle gives the credit of the lessened death-rate among young people to improved sanitation, which has removed many fruitful sources of mortality, while by aiding the survival of weakly persons it may have had a tendency to increase the death-rate of the later periods. The changes in the death-rates, Dr. Ogle adds, "have given to the community an annual addition of 1,800,047 years of life shared among its members; and, allowing that the changes are the direct consequence of sanitary interference, we must regard this addition of nearly two million years of life as an annual income derived from money invested in sanitation."

LEAD-POISONING THROUGH HOME-MADE WINES.—The fact that an article is "home-made" is usually a sufficient guarantee of its purity and wholesomeness, whatever other qualities it may lack; but an exception to this general rule has just been discovered by Dr. D. Campbell, the medical officer of health to the Calne Local Board. It appears that, for many years past, Dr. Campbell has had occasion, about the months of August, September, and October, to attend many severe cases of acute and subacute lead-poisoning, the source of which he could not ascertain. The drinking-water, the beer, the tea, the coffee, and bread, as well as the various cooking utensils, all fell under suspicion and analysis, but with only negative results. A few weeks ago, however, seven severe cases—two almost fatal—occurred simultaneously in Calne and the neighborhood, and careful inquiries by Dr. Campbell elicited at last from one of the patients the fact "that her husband had drunk some home-made rhubarb-wine, which she herself had made, and which she was sure could not contain any poison of any sort, as she was very careful in selecting and cleaning her rhubarb; and, as for the sugar and barm, they were all right; besides, the vessel was a beautifully clean, glazed, earthenware pan, in which she steeped it for a fortnight or three weeks to ferment." Here Dr. Campbell at once saw the solution of the problem that had so long been puzzling him. The glaze on these earthenware vessels contains as much as 60 per cent. of white or red lead, and, during the process of fermentation, the acids of the rhubarb, or of any other fruits used, with the acetic acid generated, act on the glaze, dissolve the lead, and form acetate, or sugar of lead, which is a powerful irritant poison when taken even in

small doses for any length of time. Analysis of ten samples of various home-made wines collected by Dr. Campbell, showed the presence of lead in large quantity in eight; one (parsnip), which was made in a galvanized iron tub, contained iron; and one, which had been made in an ordinary boiler, was free from lead and iron. One sample, which was five years old, and two samples, which were two years old, contained lead. Various chemical tests, applied to the earthenware vessels that had been used showed whence the lead had been obtained. As high as the liquor had reached in the vessel, the glaze was more or less dissolved off. On acetic acid and iodide of potassium being applied, a clear yellow spot of iodide of lead was produced; and, on ammonium-sulphide being applied to the denuded part of the pan, a distinct black line was immediately formed, clearly showing the presence of lead in the glaze. It is not an uncommon custom in country districts for persons who have large gardens and much fruit to make considerable quantities of these wines, from rhubarb, parsnips, red and black currants, sloes, damsons, elderberries, etc., for use by the men in harvest-time. It is, therefore, important that they should have the timely warning of the danger that lurks in those "beautifully glazed earthenware pans." Doubtless, wooden vessels would be quite as convenient for these domestic brewings, whilst they would be free from the risk of lead-poisoning.

GIFT TO THE PASTEUR HOSPITAL.—The Emperor of Russia has sent a magnificent donation of forty thousand roubles (\$20,000) toward the erection of the proposed Pasteur Hospital, in Paris. With this new addition, the hospital fund now amounts to \$320,000, a sum sufficient to erect a fine building.

MEDICAL SECTS AND CLINICAL INSTRUCTION IN PUBLIC HOSPITALS.—An interesting article appeared recently on this subject in the *Boston Medical and Surgical Journal*. The homœopaths of that city petitioned the managers of the City Hospital for equal privileges in that institution with the regulars. The trustees considered the request with great fairness, and deliberated long and carefully before making an answer. Circulars were sent out to all institutions where physicians and surgeons of both schools were supposed to be on the attending staff, to learn the practical workings of this arrangement in other places. This dual arrangement was found to exist in only two institutions, so far as answers were received. And in these two instances it was by no means satisfactory. Thereupon the trustees replied to the petitioners that the granting of the request would necessitate radical changes in the management of the hospital.

Three possible plans suggested themselves. Homœopathic practitioners might be added to the attending staff, with a full share in all the latter's rights and privileges. Certain wards in the present buildings might be placed under the control of the petitioners, or new wards might be constructed for them. The trustees were not empowered to make such a radical change in management, as the adoption of these plans would necessitate. The petitioners were, therefore, courteously referred to the proper authorities, namely, the City Council.

In regard to clinical instruction, it was decided that the attending surgeons might operate before the students in the amphitheatre on certain days, and that all physicians and all matriculants of one year's standing, at a legally established medical college, might be admitted. This rule was held to apply to female students. The operator might, if he chose, request the withdrawal of students of either sex in certain cases requiring exposure. No male visiting students were to be allowed to witness any operation on female patients requiring exposure of the genitalia. Students, not exceeding twenty in number, might accompany a member of the staff in his daily rounds.

NOTES AND QUERIES.

SYME'S ABDOMINAL TOURNIQUET.

To the Editor of THE MEDICAL NEWS,

SIR: The abdominal tourniquet, which usually passes under the name of Syme's, will be found figured in the *London Medical Record* for April, 1825, and is the invention of Mr. H. Searle, a surgeon in London, over sixty-two years ago. A. H. A.

GASTROTOMY.

To the Editor of THE MEDICAL NEWS,

SIR: In connection with the report by Prof. Bernays of his successful gastrotomy and his table of similar cases, it may be of interest to your readers to learn that in the diary of John Evelyn there is mentioned a similar successful case. In August, 1640, Evelyn visited Leyden, and while there saw the anatomy school, theatre, and "repository." Of the latter he thus speaks: "Amongst a great variety of other things, I was shew'd the knife newly taken out of a drunken Dutchman's guts by an incision on his side, after it had slipped from his fingers into his stomach. The picture of the chyrurgeon and his patient, both living, were there."

Sincerely yours, WM. WATKYN SEYMOUR.

135 THIRD ST., TROY, JAN. 3, 1886.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING JANUARY 1, 1887.

ANDERSON, F., *Passed Assistant Surgeon*.—Ordered to U. S. Steamer "Thetis."

AUZAL, E. W., *Assistant Surgeon*.—Detached from Relief Steamer "Independence," and ordered to Coast Survey Steamer "McArthur."

GREEN, E. H., *Passed Assistant Surgeon*.—Detached from Naval Laboratory for temporary duty on Relief Steamer "Independence."

GATEWOOD, J. D., *Passed Assistant Surgeon*.—Ordered to Naval Academy January 5, 1887.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM DECEMBER 28, 1886, TO JANUARY 3, 1887.

KOESPER, EGAN A., *Major and Surgeon*, U. S. A.—Granted leave of absence for two months, to take effect about January 1, 1887.—S. O. 297, A. G. O., Dec. 27, 1886.

PHILLIPS, JOHN L., *First Lieutenant and Assistant Surgeon*.—Granted one month's extension of his leave of absence.—S. O. 297, A. G. O., Dec. 27, 1886.

THE MEDICAL NEWS will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS should be addressed to No. 2004 Walnut Street, Philadelphia.